

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008460

FILED  
Mar 16, 2010  
Secretary of State

Entity Name: CSDD PHYSICIANS, L.L.C.

**Current Principal Place of Business:**

3641 SOUTH MIAMI AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3059 GRAND AVENUE  
SUITE 300  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 22-3850296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZISKIND & ARVIN, P.A.  
3059 GRAND AVE  
SUITE 300  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GREER, PEDRO J JR M.D.  
Address: 3661 SOUTH MIAMI AVENUE, SUITE 805  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: FLEITES, JUAN CARLOS M.D.  
Address: 3661 SOUTH MIAMI AVENUE, SUITE 708  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: SABATES, MARIO A M.D.  
Address: 1385 CORAL WAY, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: MGR  
Name: SKLAR, VIRGIL F M.D.  
Address: 3659 SOUTH MIAMI AVENUE, SUITE 4003  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: ECHENIQUE, JORGE M.D.  
Address: 2931 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PEDRO J. GREER, JR., M.D.

MGR

03/16/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date