

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007552

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** OCEAN SPORTS MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

2090 PALM BEACH LAKES BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 542566  
LAKE WORTH, FL 33454

**New Mailing Address:**

**FEI Number:** 65-1102662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAFARELLI, DAVID  
2090 PALM BEACH LAKES BLVD  
SUITE 205  
WEST PALM BEACH, FL 33409 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:** CAFARELLI, DAVID D.C.  
**Address:** 2090 PALM BEACH LAKES BLVD, SUITE 205  
**City-St-Zip:** WEST PALM BEACH, FL 33409

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: DAVID CAFARELLI

MGR

04/14/2011

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