

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012418

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** GS MED PLEX SUPER HOLDINGS LLC

**Current Principal Place of Business:**

450 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

4800 NORTH FEDERAL HWY  
D300  
BOCA RATON, FL 33431

**Current Mailing Address:**

450 FAIRWAY DRIVE SUITE 104  
BOCA RATON, FL 33441

**New Mailing Address:**

4800 NORTH FEDERAL HWY  
D300  
BOCA RATON, FL 33431

**FEI Number:** 02-0613501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACKS, GEORGE  
4110 N.W. 24TH AVE.  
BOCA RATON, FL 33431 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:** GEORGE SACKS TRUST  
**Address:** 4110 NW 24TH AVENUE  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** CHRISTOPHER & MARY GRACE SACKS TRUST  
**Address:** 4110 BW 24TH AVENUE  
**City-St-Zip:** BOCA RATON, FL 33431

**Title:** MGRM  
**Name:** AM TRUST  
**Address:** 4800 NORTH FEDERAL HWY D300  
**City-St-Zip:** BOCA RATON, FL 33431

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:** GEORGE SACKS

PRIN

03/29/2010

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