

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 08, 2010  
Secretary of State**

DOCUMENT# L02000018069

Entity Name: IRA M. STEIN, M.D., L.L.C.

**Current Principal Place of Business:**

13005 SOUTHERN BOULEVARD  
BUILDING 1, SUITE 124  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SOUTHERN BOULEVARD  
BUILDING 1, SUITE 124  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 11-3643332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARY METROU  
3609 MOON BAY CIRCLE  
WELLINGTON, FL 33414      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: STEIN, IRA M M.D.  
Address: 13005 SOUTHERN BLVD, BUILDING 1, SUITE 124  
City-St-Zip: LOXAHATCHEE, FL 33470

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: IRA M. STEIN      MGR      01/08/2010

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