# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 02, 2010**
**Secretary of State**

DOCUMENT# L02000019170

**Entity Name:** BEST PRACTICES MEDICAL PARTNERS LLC

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number: 52-2373786** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WELCH, RICHARD
401 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301 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: MGRM
Name: WELCH, RICHARD
Address: 401 EAST LAS OLAS BLVD., SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM
Name: SHAPIRO, STEVEN MD
Address: 401 E. LAS OLAS BLVD., SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

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 Statues.

SIGNATURE: RICHARD B. WELCH MGRM 02/02/2010

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