

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 25, 2011
Secretary of State

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 Statutes.

SIGNATURE: RICHARD B. WELCH

MGRM

04/25/2011

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