

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020020

FILED
Jan 05, 2010
Secretary of State

Entity Name: UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC

Current Principal Place of Business:

1627 BRICKELL AVE #2201
#2201
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1627 BRICKELL AVE #2201
#2201
MIAMI, FL 33129

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T
50 WEST MASHTA DR., STE. 4
KEY BISCAYNE, FL 33149 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: MGRD
Name: ELLIOTT, MICHAEL S
Address: 1627 BRICKELL AVE #2201
City-St-Zip: MIAMI, FL 33129

Title: D
Name: LEIGH, HEIDI
Address: 811 SW 10TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D
Name: ELLIOTT, BILLY BENJAMIN
Address: 1627 BRICKELL AVE #2201
City-St-Zip: MIAMI, FL 33129

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: MICHAEL S ELLIOTT

MGRD

01/05/2010

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