

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021149

FILED
Jan 04, 2012
Secretary of State

Entity Name: CAPS MEDICAL MANAGEMENT, L.L.C.

Current Principal Place of Business:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 55-0836075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ-MESA, FRANCISCO J
1800 WEST HILLSBOROUGH BLVD.
SUITE 205
DEERFIELD BEACH, FL 33442 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: T
Name: PEREZ-MESA, FRANCISCO J MGRM
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S
Name: SPEILLER, PAUL MGRM
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P
Name: CHEDIAK, NIDIA MGRM
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V
Name: ARRIEN, VICTOR MGRM
Address: 1800 WEST HILLSBOROUGH BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

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: FRANCIS VEGA

MGR

01/04/2012

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