

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022108

Entity Name: 200 MEDICAL PLAZA, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1050 N.W. 15TH STREET STE. 202A  
BOCA RATON, FL 33486

**New Principal Place of Business:**

1050 N.W. 15TH STREET  
202A  
BOCA RATON, FL 33486

**Current Mailing Address:**

1050 N.W. 15TH STREET STE. 202A  
BOCA RATON, FL 33486

**New Mailing Address:**

1050 N.W. 15TH STREET  
202A  
BOCA RATON, FL 33486

FEI Number: 20-0209432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLATIS, EMANUEL DMD  
1050 NW 15TH ST.  
202 A  
BOCA RATON, FL 33486 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: DR  
Name: PLATIS, EMMANUEL  
Address: 1050 NW 15TH STREET #202  
City-St-Zip: BOCA RATON, FL 33486

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: EMMANUEL PLATIS

DR

01/05/2010

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