

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024016

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL MANAGEMENT OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

101 JFK DRIVE  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 JFK DRIVE  
ATLANTIS, FL 33462 US

**New Mailing Address:**

**FEI Number:** 83-0363799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALADINO, RICHARD  
250 SOUTH AUSTRALIAN AVENUE  
#601  
WEST PALM BEACH, FL 33401 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:** MGR  
**Name:** KRASNER, STEPHEN  
**Address:** 5401 SOUTH CONGRESS AVENUE  
**City-St-Zip:** ATLANTIS, FL 33462 US

**Title:** MGR  
**Name:** BOYLE, THOMAS P  
**Address:** 17824 VILLA CLUB WAY  
**City-St-Zip:** BOCA RATON, FL 33496 US

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:** D GLEN ALEXANDER

AREP

04/01/2011

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