

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035412

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** EMED CHART/OBGYN, LLC

**Current Principal Place of Business:**

10700 N KENDALL DRIVE #200  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10700 N KENDALL DRIVE STE 200  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 45-0525665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, PABLO  
10700 N KENDALL DRIVE #200  
MIAMI, FL 33176 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:** DELGADO, PABLO  
**Address:** 10700 N KENDALL DRIVE #200  
**City-St-Zip:** MIAMI, FL 33176

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: PABLO E DELGADO

P

05/02/2011

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