

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000044504

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** AMY SONNENBLICK, M.D., PL

**Current Principal Place of Business:**

350 NW 84TH AVE., SUITE 200  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

350 NW 84TH AVE., SUITE 200  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 35-2221693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SONNENBLICK, AMY M.D.  
350 NW 84TH AVE., SUITE 200  
PLANTATION, FL 33324 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: MGRM  
Name: SONNENBLICK, AMY M.D.  
Address: 350 NW 84TH AVE., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

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: AMY SONNENBLICK

MMG/

01/27/2010

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