2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# L04000013653

Entity Name: ASSOCIATED MEDICAL PRACTICE, LLC

Current Principal Place of Business:

WILLIAM PENA, M.D.
601 N. FLAMINGO RD., STE. 315-A
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

ASSOCIATED MEDICAL PRACTICE, LLC
601 N. FLAMINGO RD., STE. 315-A
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

WILLIAM PENA, M.D.
601 N. FLAMINGO RD., STE. 315-A
PEMBROKE PINES, FL 33028 US

New Mailing Address:

ASSOCIATED MEDICAL PRACTICE, LLC
601 N. FLAMINGO RD., STE. 315-A
PEMBROKE PINES, FL 33028 US

FEI Number: 84-1638491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PENA, WILLIAM MD
601 N FLAMINGO ROAD
STE. 315-A
PEMBROKE PINES, FL 33028 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: PENA, WILLIAM
Address: 601 N FLAMINGO ROAD. SUITE 315-A
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM PENA MGR 06/18/2009

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