

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000013653

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATED MEDICAL PRACTICE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 84-1638491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: MGR  
Name: PENA, WILLIAM  
Address: 601 N FLAMINGO ROAD, SUITE 315-A  
City-St-Zip: PEMBROKE PINES, FL 33028

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: WILLIAM PENA, MD

PD

03/12/2010

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