2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HOWARD MANHOFF, M.D., L.L.C.

Current Principal Place of Business:

1547 EL PARDO DR
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

1547 EL PARDO DR
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 83-0402815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANHOFF, HOWARD A MD
1547 EL PARDO DR
TRINITY, FL 34655 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: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: PRES
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINTY, FL 34655 US

Title: MGR
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINTY, FL 34655 US

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Address: 1547 EL PARDO DR
City-St-Zip: TRINTY, FL 34655 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 Statues.

SIGNATURE: HOWARD MANHOFF MD PRES 03/04/2011

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