

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000055805

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSITY INTERNAL MEDICINE OF PALM BEACH, LLC

**Current Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD  
103  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD  
202  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

PO BOX 480456  
DELRAY BEACH, FL 33448 US

**New Mailing Address:**

**FEI Number:** 86-1112292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, SONNY  
10151 ENTERPRISE CENTER BLVD  
103  
BOYNTON BEACH, FL 33437 US

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

NGUYEN, SONNY  
10151 ENTERPRISE CENTER BLVD  
202  
BOYNTON BEACH, FL 33437 US

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: SONNY NGUYEN

01/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NGUYEN, SONNY MD  
Address: 10151 ENTERPRISE CENTER BLVD, #202  
City-St-Zip: BOYNTON BEACH, FL 33437 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 Statutes.

SIGNATURE: SONNY NGUYEN

MD

01/19/2012

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