

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072155

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** PALM BEACH MEDICAL REAL ESTATE INVESTORS, LLC

**Current Principal Place of Business:**

4601 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

4601 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 20-1716271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRESNER, JEFFREY H MD  
4601 NORTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33407 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: DRESNER, JEFFREY H MD  
Address: 4601 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR  
Name: BERNHOFT, HANS B MD  
Address: 4601 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR  
Name: MOLINA, VICTOR M MD  
Address: 4601 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR  
Name: STERN, DAVID J DO  
Address: 4601 NORTH CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

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: JEFFREY H. DRESNER, MD

MGRM

03/16/2011

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