

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078970

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** MED SUPPORT OF BOCA RATON, LLC

**Current Principal Place of Business:**

7300 NORTH FEDERAL HIGHWAY, SUITE 100  
BOCA RATON, FL 33487

**New Principal Place of Business:**

625 OAKS DR.  
208  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

7300 NORTH FEDERAL HIGHWAY  
SUITE 100  
BOCA RATON, FL 33487

**New Mailing Address:**

625 OAKS DR.  
208  
POMPANO BEACH, FL 33062 US

**FEI Number:** 83-0410007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAIMES, ALVIN  
7300 NORTH FEDERAL HIGHWAY, SUITE 100  
BOCA RATON, FL 33487 US

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

HAIMES, ALVIN  
625 OAKS DR.  
208  
POMPANO BEACH, FL 33069 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:

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EQUITY TRUST CO. CUST. F/B/O S. HAIMES  
Address: 625 OAKS DR.  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM  
Name: HAIMES, SAMANTHA  
Address: 625 OAKS DR UNIT #208  
City-St-Zip: POMPANO BEACH, FL 33069 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: ALVIN HAIMES

RA

01/04/2011

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