2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC

Current Principal Place of Business:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

S FL INFECTIOUS DISEASE & TROP MED CTR
8700 N. KENDALL DRIVE, STE. 100
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2364772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ MORALES, JUAN C MD
8700 N KENDALL DRIVE
SUITE 100
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

THE ELIAS LAW FIRM, PLLC
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 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: ROBERT ELIAS 04/29/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: MURILLO, JORGE MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

Title: EVP
Name: MEJIA, JORGE MD
Address: 8700 N KENDALL DR STE100
City-St-Zip: MIAMI, FL 33176

Title: TRE
Name: MEJIA, JORGE MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

Title: SEC
Name: TORRES-VIERA, CARLOS MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: MEJIA, JORGE MD
Address: 8700 N KENDALL DR STE 100
City-St-Zip: MIAMI, FL 33176

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: JORGE MEJIA MGR 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date