

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086192

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** APPLE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

20800 BISCAYNE BLVD  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20800 BISCAYNE BLVD  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 11-3758124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARNET, LIONEL ESQ  
9100 SOUTH DADELAND BOULEVARD STE 404  
SUITE #404  
MIAMI, FL 33156 US

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

BARNET, LIONEL ESQ  
5040 N.W. 7TH STREET  
PENTHOUSE  
MIAMI, FL 33126 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/11/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROSE, MICHAEL MD  
Address: 20800 BISCAYNE BOULEVARD  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: LEHRMAN, DAVID MD  
Address: 20800 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL I. ROSE, M.D.

MGRM

01/11/2011

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