

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114512

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: ROBERT H SHERMAN MD LLC

## Current Principal Place of Business:

500 NORTH HIATUS ROAD  
SUITE 107  
PEMBROKE PINES, FL 33026 US

## New Principal Place of Business:

## New Mailing Address:

132 MINORCA AVENUE  
JOSE SMITH  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

500 NORTH HIATUS ROAD  
SUITE 107  
PEMBROKE PINES, FL 33026 US

FEI Number: 20-3803936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVE  
500 (JAF)  
W PALM BEACH, FL 33134 US

## Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVE  
SUITE 500 (JAF)  
W PALM BEACH, FL 33134 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: JAMES FARRELL, ESQ

03/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: BONDHUS, MARVIN MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: GOMEZ, COSME MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP ( ) Change (X) Addition  
Name: SHERMAN, ROBERT H MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: COSME GOMEZ, MD

PRES

03/20/2009

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