

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014135

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MIAMI MEDICAL PROPERTIES LLC

**Current Principal Place of Business:**

6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143 US

**New Mailing Address:**

6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143

**FEI Number:** 20-5381248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELDON, ERIC  
6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143 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: SHELDON, ERIC  
Address: 6141 SUNSET DR SUITE 501  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM  
Name: PACHON, JAIME  
Address: 6141 SUNSET DR SUITE 501  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM  
Name: PACHON, ELAINE  
Address: 6141 SUNSET DR SUITE 501  
City-St-Zip: MIAMI, FL 33143 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: ERIC SHELDON

MGRM

01/04/2012

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