

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015538

FILED
Feb 02, 2010
Secretary of State

Entity Name: MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P.L.C.

Current Principal Place of Business:

8391 W. OAKLAND PARK BOULEVARD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8391 W. OAKLAND PARK BOULEVARD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 59-1635576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONI LASKIN, C.P.A.
1000 S. PINE ISLAND ROAD, SUITE 250
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

RONI LASKIN, C.P.A.
490 SAWGRASS CORPORATE PARKWAY
SUITE 100
SUNRISE, FL 33325 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:

02/02/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LINDEN, STEVEN F
Address: 8391 W. OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33351

Title: MGRM
Name: KOCH, HOWARD S
Address: 8391 W. OAKLAND PARK BOULEVARD
City-St-Zip: SUNRISE, FL 33351

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: STEVEN LINDEN M.D.

PRES

02/02/2010

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