

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000015538

**FILED**  
**Apr 29, 2011**  
**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.  
490 SAWGRASS CORPORATE PARKWAY  
SUITE 100  
SUNRISE, FL 33325 US

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

KOCH, HOWARD S  
8391 WEST OAKLAND PARK BLVD  
SUNRISE, FL 33351 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:** HOWARD S. KOCH

04/29/2011

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:** HOWARD S. KOCH

MGRM

04/29/2011

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