

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015538

FILED
Apr 29, 2012
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:

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

04/29/2012

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