

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000037680

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** SOUTH SHORE PHYSICIANS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

415 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

415 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 20-4628957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, CHRISTINE  
4814 LONG WATER WAY  
TAMPA, FL 33615 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: MGR  
Name: TORRES, CHRISTINE  
Address: 4814 LONG WATER WAY  
City-St-Zip: TAMPA, FL 33615

Title: MGRM  
Name: BLAZEJOWSKI, CHRISTOPHER  
Address: 6027 HAMMOCK HILL AVENUE  
City-St-Zip: LITHIA, FL 33547

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: CHRISTINE TORRES

MGR

01/18/2011

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