

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044456

Entity Name: A. HENRIQUEZ M.D., LLC

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

375 S. COURTENAY PARKWAY  
SUITE 7A  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

375 S. COURTENAY PARKWAY  
SUITE 7A  
MERRITT ISLAND, FL 32952 US

FEI Number: 42-1702271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WUESTHOFF FAMILY PHYSICIANS INC  
110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955 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: WUESTHOFF FAMILY PHYSICIANS INC  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

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: ADALBERTO HENRIQUEZ

MD

01/16/2010

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