

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046707

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** ROP PHYSICIANS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

220 S.W. 84TH AVENUE BLDG. 1, SUITE 204  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

220 S.W. 84TH AVENUE BLDG. 1, SUITE 204  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 59-1675396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISLER, MICHAEL J ESQ.  
1528 WESTON ROAD  
WESTON, FL 33326 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 ( ) Delete  
Name: MILLER, BRUCE A  
Address: 220 S.W. 84TH AVENUE BLDG. 1, SUITE 204  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRUCE A. MILLER

MGMR

01/07/2008

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