

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046707

**FILED**  
**Jan 04, 2012**  
**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  
Name: MILLER, BRUCE A  
Address: 220 S.W. 84TH AVENUE BLDG. 1, SUITE 204  
City-St-Zip: PLANTATION, FL 33324

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: BRUCE A. MILLER, MD

MGR

01/04/2012

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