

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066662

FILED
Apr 02, 2009
Secretary of State

Entity Name: SOUTH FLORIDA SPECIALTY PHYSICIANS, LLC

Current Principal Place of Business:

6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143

New Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

Current Mailing Address:

6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143

New Mailing Address:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

FEI Number: 20-5155995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD, SUITE 600
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

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:

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAWSON, RALPH E
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR () Delete
Name: GREENLEAF, WENDY
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

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

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: RALPH E. LAWSON

MGR

04/02/2009

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