2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066662

Entity Name: SOUTH FLORIDA SPECIALTY PHYSICIANS, LLC

FILED Mar 03, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6855 RED ROAD 6855 RED ROAD SUITE 600 SUITE 600

CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 US

Current Mailing Address: New Mailing Address:

6855 RED ROAD 6855 RED ROAD

SUITE 600 SUITE 600

CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 US

FEI Number: 20-5155995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRIEDMAN, DAVID R ESQ. FRIEDMAN, DAVID R ESQ.

6855 RED ROAD 6855 RED ROAD SUITE 600 SUITE 500

CORAL GABLES, FL 33143 US 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: 03/03/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

 Name:
 LAWSON, RALPH E

 Address:
 6855 RED ROAD, SUITE 600

 City-St-Zip:
 CORAL GABLES, FL 33143 US

Title: MGR

Name: GREENLEAF, WENDY
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR

 Name:
 D. WAYNE, BRACKIN

 Address:
 6866 RED ROAD, SUITE 600

 City-St-Zip:
 CORAL GABLES, FL 33143 US

Title: MGR

Name: BOULENGER, ALBERT L Address: 6855 RED ROAD, SUITE 600 City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR

 Name:
 MENDEZ, LINCOLN S

 Address:
 6855 RED ROAD, SUITE 600

 City-St-Zip:
 CORAL GABLES, FL 33143 US

Title: MGR

Name: DUQUETTE, WILLIAM M Address: 6855 RED ROAD, SUITE 600 City-St-Zip: CORAL GABLES, FL 33143 US

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 Statues.

SIGNATURE: RALPH E. LAWSON MGR 03/03/2011

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



From:	Felicia Gonzalez	To:	Brenda Tadlock
Department:	Office of General Counsel/Legal	Company:	Division of Corporations
Tel. No:	786-662-7022	Tel. No:	
Fax No.:	786-662-7332	Fax No.:	850-245-6030

MESSAGE

Dear Ms. Tadlock:

I just filed online the 2011 Annual Report for South Florida Specialty Physicians, LLC, Document #L06000066662, Confirmation #200196659082. However, the following Managers need to be added to the Annual Report but could not because of lack of space:

MGR - Lazo, Nelson (same address as others)

MGR - Freeburg, Richard L. (same address as others)

MGR - Hernandez-Lichtl, Javier (same address as others)

Attached is confirmation page showing the online filing and payment.

Thank you. Felicia Gonzalez

Number of pages including cover sheet: 3

6855 Red Road Coral Gables, FI 33143

BAPTIST HOSPITAL OF MIAMI - SOUTH MIAMI HOSPITAL - DOCTORS HOSPITAL BAPTIST CHILDREN'S HOSPITAL - HOMESTEAD HOSPITAL - MARINERS HOSPITAL BAPTIST OUTPATIENT SERVICES - BAPTIST CARDIAC & VASCULAR INSTITUTE