

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074698

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

3830 BEE RIDGE ROAD  
SUITE 301  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25487  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 20-5283786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEDI, INITA  
4917 US 301 N  
ELLENTON, FL 34222 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:** BEDI, INITA  
**Address:** 4917 US 301 N  
**City-St-Zip:** ELLENTON, FL 34222

**Title:** MGRM  
**Name:** BEDI, NEIL  
**Address:** 314 9TH STREET  
**City-St-Zip:** PALMETTO, FL 34221

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:** INITA BEDI

MGRM

04/20/2010

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