

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086513

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Entity Name:** SAN REMO BREAST AND M.R.I. CENTER, PLLC

**Current Principal Place of Business:**

1545 SAN REMO AVENUE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1545 SAN REMO AVENUE  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 20-5589716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUIROS MESA, ANAMARY  
1575 SAN REMO AVENUE  
CORAL GABLES, FL 33143 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:** MGR  
**Name:** QUIROS MESA, ANAMARY  
**Address:** 15475 SAN REMO AVENUE, SUITE 103  
**City-St-Zip:** CORAL GABLES, FL 33143

**Title:** MGR  
**Name:** CARBOT-FLORES, ELSY  
**Address:** 1545 SAN REMO AVENUE, SUITE 103  
**City-St-Zip:** CORAL GABLES, FL 33143

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:** ANAMARY QUIROS MESA

MGR

06/18/2010

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