2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

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Entity Name: AMERICAN PRIMARY CARE PHYSICIANS OF SOUTH FLORIDA, PL

Current Principal Place of Business:

192 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

6870 DYKES ROAD
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 20-8636689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUBAS, FELIPE L
192 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027 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: MMGR
Name: CUBAS, FELIPE L MD
Address: 192 S FLAMINGO RD
City-St-Zip: PEMBROKE PINES, FL 33027

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: FELIPE CUBAS PRES 03/29/2012

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