

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036983

FILED  
Aug 26, 2012  
Secretary of State

**Entity Name:** ROBERT B. GOLDSTEIN, MD AND MIGUEL J. MORALES, MD LLC

**Current Principal Place of Business:**

7560 RED BUG LAKE RD  
STE 2050  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

7560 RED BUG LAKE RD  
STE 2050  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 68-0651378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MIGUEL J. MORALES, M.D., P.A.  
7560 RED BUG LAKE RD  
STE 2050  
OVIEDO, FL 32765 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: MIGUEL J. MORALES, M.D., P.A.  
Address: 7560 RED BUG LAKE RD, STE 2050  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM  
Name: ROBERT B. GOLDSTEIN, M.D., P.A.  
Address: 2180 NORTH PARK AVE, STE 324  
City-St-Zip: WINTER PARK, FL 32789 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 Statutes.

SIGNATURE: MIGUEL J MORALES, MD      MGRM      08/26/2012

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