

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057822

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** UPPER KEYS SPECIALTY PHYSICIANS, LLC

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 26-0307415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 500  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/03/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAWSON, RALPH E  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143

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

Title: MGR  
Name: FREEBURG, RICK  
Address: 6855 RED ROAD, SUITE 600  
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: RALPH E. LAWSON

MGR

03/03/2011

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