

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067997

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** CORAL GABLES PHYSICIAN SERVICES, L.L.C.

**Current Principal Place of Business:**

1445 ROSS AVE  
STE 1400  
DALLAS, TX 75202 US

**New Principal Place of Business:**

**Current Mailing Address:**

1445 ROSS AVE  
STE 1400  
DALLAS, TX 75202 US

**New Mailing Address:**

**FEI Number:** 26-0513226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** HOSPITAL, LTD., CGH  
**Address:** 1445 ROSS AVE  
**City-St-Zip:** DALLAS, TX 75202 US

**Title:** MGR  
**Name:** SOLE DIRECTOR OF MGR, KRISTINA MACK  
**Address:** 1445 ROSS AVE  
**City-St-Zip:** DALLAS, TX 75202 US

**Title:** MGRM  
**Name:** HOSPITAL, INC., CORAL GABLES  
**Address:** 1445 ROSS AVE  
**City-St-Zip:** DALLAS, TX 75202 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:** KRISTINA MACK

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DIR

\_\_\_\_\_  
03/19/2012

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