

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073557

FILED
Jan 16, 2009
Secretary of State

Entity Name: MEDICAL SPECIALTIES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

13005 SOUTHERN BOULEVARD
SUITE 225
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

PO BOX 211237
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUPAC-YUPANQUI SAFRA, ANA L
13005 SOUTHERN BOULEVARD
SUITE 225
LOXAHATCHEE, FL 33470 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 () Delete
Name: TUPAC-YUPANQUI SAFRA, ANA L
Address: 13005 SOUTHERN BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANA L. TUPAC-YUPANQUI SAFRA

MGRM

01/16/2009

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