

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085641

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** NG & ANDERSON MEDICAL OFFICE, LLC

**Current Principal Place of Business:**

385 SW PALM COAST PARKWAY  
SUITE 5  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3320  
ST. AUGUSTINE, FL 32085 US

**New Mailing Address:**

**FEI Number:** 26-0857199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NG, RAPHAEL MD  
385 SW PALM COAST PARKWAY  
SUITE 5  
PALM COAST, FL 32137 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:** MGR  
**Name:** NG, RAPHAEL M.D.  
**Address:** 385 SW PALM COAST PARKWAY #5  
**City-St-Zip:** PALM COAST, FL 32137 US

**Title:** MGR  
**Name:** ANDERSON, LUIS M.D.  
**Address:** 385 SW PALM COAST PARKWAY #5  
**City-St-Zip:** PALM COAST, FL 32137 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:** RAPHAEL NG, MD

MGR

03/25/2011

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