

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086118

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** GL HOSPITALISTS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

9195 SW 72 ST  
#200  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9195 SW 72 ST  
#200  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1315871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, MANUEL  
11513 SW 61 TERR  
MIAMI, FL 33173 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: GONZALEZ, MANUEL  
Address: 11513 SW 61 TERR  
City-St-Zip: MIAMI, FL 33173

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: MANUEL GONZALEZ

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04/30/2012

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