

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092588

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** CORAL GABLES 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:** 26-0886056

**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 500  
CORAL GABLES, FL 33143 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: 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: LAZO, NELSON  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR  
Name: BRACKIN, D. WAYNE  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR  
Name: ZIFFER, JACK A  
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

03/15/2012

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