

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094232

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** 1100 MEDICAL ARTS PLAZA, LLC

**Current Principal Place of Business:**

1100 SW 57 AVENUE  
SUITE 101  
WEST MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SW 57 AVENUE  
SUITE 101  
WEST MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 75-3253524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD  
SUITE 1225  
CORAL GABLES, FL 33134 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:** RODRIGUEZ, WILLIAM  
**Address:** 1100 SW 57 AVENUE SUITE 101  
**City-St-Zip:** WEST MIAMI, FL 33144 US

**Title:** MGRM  
**Name:** SIXTO-RODRIGUEZ, SUSANA  
**Address:** 1100 SW 57 AVENUE SUITE 101  
**City-St-Zip:** WEST MIAMI, FL 33144 US

**Title:** MGRM  
**Name:** AMJAD, IBRAHIM  
**Address:** 1100 SW 57 AVENUE PH1  
**City-St-Zip:** WEST MIAMI, FL 33144 US

**Title:** MGRM  
**Name:** MASRI, NIDAL  
**Address:** 1100 SW 57 AVENUE SUITE 100  
**City-St-Zip:** WEST MIAMI, FL 33144 US

**Title:** MGRM  
**Name:** BROUDO, MARK  
**Address:** 1100 SW 57 AVENUE SUITE 100  
**City-St-Zip:** WEST MIAMI, FL 33144 US

**Title:** MGRM  
**Name:** SERENTILL, NELIDA  
**Address:** 1100 SW 57 AVENUE PH2  
**City-St-Zip:** WEST MIAMI, FL 33144 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: SUSANA SIXTO-RODRIGUEZ

MGRM

04/21/2011

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