

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109615

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: DOCTORSCHOICE-SANFORD, LLC

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 2500  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 2500  
MIAMI, FL 33131

**New Mailing Address:**

1801 SOUTH NOVA ROAD  
SUITE 110  
SOUTH DAYTONA, FL 32119

FEI Number: 26-1737692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIEBER, OREN ESQ.  
555 NE 15TH STREET  
SUITE 100  
MIAMI, FL 33132 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: BURSTEIN, JACK  
Address: 701 BRICKELL AVENUE, SUITE 2500  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: BURSTEIN, JASON  
Address: 701 BRICKELL AVE, SUITE 2500  
City-St-Zip: MIAMI, FL 33131

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: JASON BURSTEIN

MGRM

04/21/2009

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