

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110378

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN FAMILY PRACTICE OF BROWARD, L.L.C.

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE, STE 104  
DAVIE, FL 33326

**New Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
STE 104  
DAVIE, FL 33326

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE, STE 104  
DAVIE, FL 33326

**New Mailing Address:**

**FEI Number:** 26-1337493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD, STE 485-SOUTH  
HOLLYWOOD, FL 33021 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:** PEREZ, JOSEPH  
**Address:** 4801 S. UNIVERSITY DR. STE. 104  
**City-St-Zip:** DAVIE, FL 33328

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: JOSEPH PEREZ

MGR

04/15/2011

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