

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111011

FILED
Jan 04, 2011
Secretary of State

Entity Name: 441 OFFICE PARTNERS, LLC

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Principal Place of Business:

Current Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US

New Mailing Address:

FEI Number: 26-1357218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALTON, WILLIAM COO
3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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: VEDERE, AMARNATH M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: FOUCAULD, JEAN M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: VENUGOPAL, CHANDRA M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: SHAH, NEERAV M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: MELHADO, MAURICIO M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: HERNANDEZ, ELIEZER M.D.
Address: 3347 STATE ROAD 7 SUITE 203
City-St-Zip: WELLINGTON, FL 33449 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: WILLIAM DALTON

COO

01/04/2011

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