

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120392

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** FAMILY DOCTORS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

17011 PINES BLVD  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

17011 PINES BLVD  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 65-0595611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINSON, CATHERINE  
17011 PINES BLVD  
PEMBROKE PINES, FL 33027 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: LEVINSON, CATHERINE  
Address: 17011 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33027

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: CATHERINE E. LEVINSON

MGR

04/11/2011

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