

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127671

Entity Name: FEINSTEIN MEDICAL, LLC

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4205 WEST ATLANTIC AVENUE  
#B201  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4205 WEST ATLANTIC AVENUE  
#B201  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 26-1637814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FEINSTEIN, STACY L  
4205 WEST ATLANTIC AVENUE #B201  
DELRAY BEACH, FL 33445 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: FEINSTEIN, BRIAN J  
Address: 4205 WEST ATLANTIC AVENUE, BLDG. B  
City-St-Zip: DELRAY BEACH, FL 33445

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: BRIAN FEINSTEIN

DR.

01/13/2011

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