

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023485

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

**Entity Name:** 7421 N. UNIVERSITY MEDICAL OFFICE LLC

**Current Principal Place of Business:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 26-3284869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILITZOK & LEVY, P.A.  
3230 STIRLING ROAD  
SUITE 1  
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: MGRM  
Name: ARMENAKIS, GUS  
Address: 7421 N UNIVERSITY DR SUITE 306  
City-St-Zip: TAMARAC, FL 33321 US

Title: MGRM  
Name: ARMENAKIS, JULIA  
Address: 7421 N UNIVERSITY DR SUITE 306  
City-St-Zip: TAMARAC, FL 33321 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: JULIA ARMENAKIS

MRS

01/11/2011

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