

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052823

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

Entity Name: FLORIDA DOCTOR REFERRAL SERVICE LLC

Current Principal Place of Business:

5821 SW 67TH AVENUE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5821 SW 67TH AVENUE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 61-1564056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FEENANE, NICOLE
5821 SW 67TH AVENUE
MIAMI, FL 33143 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: FEENANE, NICOLE
Address: 5821 SW 67TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: MGRM
Name: FEENANE, EDWARD
Address: 5821 SW 67TH AVENUE
City-St-Zip: MIAMI, FL 33143

Title: MGRM
Name: FEENANE, MELISSA
Address: 5821 SW 67TH AVENUE
City-St-Zip: MIAMI, FL 33143

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: NICOLE FEENANE PRES 03/11/2011

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