

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080713

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** SOUTH TOWER PHYSICIANS, LLC

**Current Principal Place of Business:**

20 SHERWOOD RD.  
LITTLE SILVER, NJ 07739 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 SHERWOOD RD.  
LITTLE SILVER, NJ 07739 US

**New Mailing Address:**

**FEI Number:** 26-3276232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

KUTZIN, THEODORE MD  
550 OKEECHOBEE BLVD  
UNIT LPH-01  
WEST PALM BEACH, FL 33401 US

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: THEODORE KUTZIN, MD

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: KUTZIN, THEODORE K KUTZIN  
Address: 20 SHERWOOD RD.  
City-St-Zip: LITTLE SILVER, NJ 07739 US

Title: DR.  
Name: SCHAAFF, ROBERT K KUTZIN  
Address: 13 SOUTH ARLENE DR.  
City-St-Zip: WEST LONG BRANCH, NJ 07764

Title: MRS.  
Name: TORPEY, KAREN  
Address: 31 DEPUTY MINISTER DR.  
City-St-Zip: COLTS NECK, NJ 07722

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: THEODORE KUTZIN

DR

04/23/2010

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