

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080713

**FILED**  
**Jan 13, 2011**  
**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:**

KUTZIN, THEODORE MD  
550 OKEECHOBEE BLVD  
UNIT LPH-01  
WEST PALM BEACH, FL 33401 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:** DR.  
**Name:** KUTZIN, THEODORE  
**Address:** 20 SHERWOOD RD.  
**City-St-Zip:** LITTLE SILVER, NJ 07739 US

**Title:** DR.  
**Name:** SCHAAFF, ROBERT  
**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.

01/13/2011

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