

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000117784

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** EAST COAST INTERNAL MEDICINE, LLC

**Current Principal Place of Business:**

901 JORDAN BLASS DRIVE  
103  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

901 JORDAN BLASS DRIVE  
103  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 26-3960260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDREN, JACK D ESQUIRE  
1015-B SOUTH FLORIDA AVE.  
ROCKLEDGE, FL 32955 US

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

HENDREN, JACK D ESQUIRE  
1015-B SOUTH FLORIDA AVE.  
103  
ROCKLEDGE, FL 32955 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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTINEZ-SOLIS, CARLOS DR.  
Address: 901 JORDAN BLASS DRIVE, SUITE 103  
City-St-Zip: MELBOURNE, FL 32940

Title: MS  
Name: NEUDECKER, WENDY M MS  
Address: 901 JORDAN BLASS DR. STE 103  
City-St-Zip: MELBOURNE, FL 32940

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: CARLOS MARTINEZ-SOLIS

DR.

02/16/2011

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