

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004341

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** SOUTH FLORIDA INPATIENT PHYSICIANS, LLC

**Current Principal Place of Business:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143 US

**Current Mailing Address:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143

**New Mailing Address:**

6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD, SUITE 600  
CORAL GABLES, FL 33143 US

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 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:

03/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAWSON, RALPH E  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR  
Name: GREENLEAF, WENDY  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR  
Name: BOULENGER, ALBERT L  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176 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: RALPH E. LAWSON

MGR

03/07/2011

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