

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004341

FILED
Mar 15, 2012
Secretary of State

Entity Name: SOUTH FLORIDA INPATIENT PHYSICIANS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 500
CORAL GABLES, 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: 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: BRACKIN, D. WAYNE
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGR
Name: ZIFFER, JACK A
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143 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

03/15/2012

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