

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004726

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** ADRIAN DEL BOCA, M.D., L.L.C.

**Current Principal Place of Business:**

8940 N. KENDALL DR.  
804-E  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8940 N. KENDALL DR.  
804-E  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 26-4573659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL BOCA, ADRIAN  
8940 N. KENDALL  
804-E  
MIAMI, FL 33176 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:** DEL BOCA, ADRIAN  
**Address:** 8940 N. KENDALL DR. SUITE 804-E  
**City-St-Zip:** MIAMI, F 33176 US

**Title:** MGRM  
**Name:** PERSONAL PHYSICIANS, L.L.C.  
**Address:** 8940 N. KENDALL DR.  
**City-St-Zip:** MIAMI, FL 33176

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: ADRIAN DEL BOCA

MGR

02/10/2011

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