

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009843

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** FIRSTMED HEALTH NETWORK, LLC

**Current Principal Place of Business:**

12255 LAKE LOOP ROAD  
COOPER CITY, FL 33330 BR

**New Principal Place of Business:**

12535 ORANGE DRIVE  
604  
DAVIE, FL 33330 BR

**Current Mailing Address:**

PO BOX 551655  
FORT LAUDERDALE, FL 33355 BR

**New Mailing Address:**

FEI Number: 26-4156016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, CARLOS PR  
12255 LAKE LOOP ROAD  
COOPER CITY, FL 33330 US

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

PEREZ, CARLOS PR  
12535 ORANGE DRIVE  
604  
DAVIE, FL 33330 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:

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PEREZ, CARLOS  
Address: 12535 ORANGE DRIVE, SUITE 604  
City-St-Zip: DAVIE, FL 33330 BR

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 PEREZ

MGR

04/25/2011

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