

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017327

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PREMIERE CARDIOLOGY LLC

**Current Principal Place of Business:**

1201 SOUTH ANDREWS AVE.  
SUITE 200  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD.  
SUITE 130-137  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-8978748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOFSEN, HOWARD  
9728 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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: ZELNICK, KENNETH MD  
Address: 1201 SOUTH ANDREWS AVE. STE. 200  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM  
Name: BROWARD MULTISPECIALTY GROUP, LLC  
Address: 401 E. LAS OLAS BLVD. STE. 130-137  
City-St-Zip: FT. LAUDERDALE, FL 33301

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: GABRIELLE FINLEY-HAZLE

CEO

04/28/2010

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