

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017523

FILED  
Jan 08, 2012  
Secretary of State

Entity Name: B & K MEDICAL SPECIALISTS LLC

**Current Principal Place of Business:**

5333 N. DIXIE HWY  
SUITE 208  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

5333 N. DIXIE HWY  
SUITE 208  
OAKLAND PARK, FL 33334

**New Mailing Address:**

4920 GALT OCEAN DR  
SUITE 1408  
FORT LAUDERDALE, FL 33308

FEI Number: 26-4305309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KAPLAN, DANIEL  
5333 N. DIXIE HWY SUITE 208  
OAKLAND PARK, FL 33334 US

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

KAPLAN, DANIEL M.D.  
4020 GALT OCEAN DR  
SUITE 1408  
FORT LAUDERDALE, FL 33308 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: DANIEL KAPLAN

01/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KAPLAN, DANIEL M.D.  
Address: 4020 GALT OCEAN DRIVE SUITE 1408  
City-St-Zip: FORT LAUDERDALE, FL 33308 FL

Title: MGR  
Name: BOORSTEIN, AARON M.D.  
Address: 13006 MOREHEAD  
City-St-Zip: CHAPEL HILL, NC 27517 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: DANIEL KAPLAN

M.D.

01/08/2012

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