

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026603

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** STEPHEN M. SINKOE DPM AND ASSOCIATES, LLC

**Current Principal Place of Business:**

5558 S. FLAMINGO ROAD  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

5500 SOUTH FLAMINGO ROAD  
204  
COOPER CITY, FL 33330 US

**Current Mailing Address:**

401 EAST LAS OLAS BLVD  
SUITE 130-137  
FORT. LAUDERDALE, FL 33330 US

**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 33076 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:** MGRM  
**Name:** BROWARD MULTISPECIALTY GROUP, LLC  
**Address:** 401 EAST LAS OLAS BLVD, SUITE 130-137  
**City-St-Zip:** FORT. 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

04/27/2010

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