

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031674

FILED
Apr 15, 2011
Secretary of State

Entity Name: GULFSTREAM MEDIGROUP, LLC

Current Principal Place of Business:

5220 HOOD RD STE 200
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

1000 BRICKELL AVE STE 300
MIAMI, FL 33131

New Mailing Address:

5220 HOOD ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418

FEI Number: 26-4586604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS INC
1000 BRICKELL AVE STE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LABOVICK, BRIAN
5220 HOOD ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418 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: BRIAN F. LABOVICK

04/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LABOVICK, BRIAN
Address: 5220 HOOD RD STE 200
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: BRIAN LABOVICK

MGR.

04/15/2011

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