

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031674

FILED
Mar 22, 2012
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:

5220 HOOD ROAD
SUITE 200
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-4586604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MGR

03/22/2012

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