

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000046478

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** EAST OCEAN MEDSTAT P.L.

**Current Principal Place of Business:**

6522 S. KANNER HWY.  
STUART, FL 34997

**New Principal Place of Business:**

2220 SE OCEAN BLVD  
STE 101  
STUART, FL 34996

**Current Mailing Address:**

6522 S. KANNER HWY.  
STUART, FL 34997

**New Mailing Address:**

2220 SE OCEAN BLVD  
STE 101  
STUART, FL 34996

**FEI Number:** 80-0441540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUGGIA, MARY  
7741 BELMONT DRIVE  
LAKE WORTH, FL 33467 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:** BUGGIA, MARY  
**Address:** 7741 BELMONT DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** MGRM  
**Name:** SORRENTINO, ANTHONY  
**Address:** 7741 BELMONT DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** MGRM  
**Name:** ROMERO, HARRY  
**Address:** 631 SW OVERLOOK DR  
**City-St-Zip:** STUART, FL 34994

**Title:** MGRM  
**Name:** HOURI, PAMELA  
**Address:** 3712 SW BIMINI CIRCLE  
**City-St-Zip:** PALM CITY, FL 34990

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:** MARY A BUGGIA

MGRM

02/23/2011

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