2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# L09000054773

Entity Name: JAFFE MEDICAL OF APOPKA, LLC

Current Principal Place of Business:

% SOUTHERN COMMERCIAL MGT.
10200 W. STATE RD. 84, SUITE 211
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

% SOUTHERN COMMERCIAL MGT.
10200 W. STATE RD. 84, SUITE 211
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-1156637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDMAN, BRUCE J
2655 LE JEUNE ROAD, STE 816
CORAL GABLES, FL 33134 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: JAFFE, NORMAN S
Address: 10200 W STATE ROAD 84, STE 211
City-St-Zip: DAVIE, FL 33324

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 Statues.

SIGNATURE: NORMAN S JAFFE MGR 04/09/2010

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