

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082784

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** NEW RIVER MEDICAL GROUP, LLC

**Current Principal Place of Business:**

800 NE 62ND STR  
SUITE 204  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

800 NE 62ND STR  
SUITE 204  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 27-0813696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, WES W WES SHE  
800 NE 62ND STREET  
SUITE 204  
FORT LAUDERDALE, FL 33334 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: SHELTON, WILLIAM W  
Address: 800 NE 62ND STR. SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR  
Name: SHELTON, STEPHEN H JR.  
Address: 800 NE 62ND STR. SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR  
Name: SHELTON, STEPHEN H SR.  
Address: 800 NE 62ND STR. SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR  
Name: SHELTON, THOMAS M  
Address: 800 NE 62ND STR. SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR  
Name: MOON, HARRY K  
Address: 800 NE 62ND STR. SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33334

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: W. WES SHELTON

PRES

04/28/2011

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