

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103480

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** JRR MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

10131 FOREST HILL BLVD.  
SUITE 203  
WELLINGTON, FL 33414

**New Principal Place of Business:**

1447 MEDICAL PARK BLVD  
SUITE 401  
WELLINGTON, FL 33414

**Current Mailing Address:**

10131 FOREST HILL BLVD.  
SUITE 203  
WELLINGTON, FL 33414

**New Mailing Address:**

1447 MEDICAL PARK BLVD  
SUITE 401  
WELLINGTON, FL 33414

**FEI Number:** 27-1190195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KORTE & WORTMAN, P.A.  
2041 VISTA PARKWAY  
WEST PALM BEACH, FL 33411 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:** HALFON, ISAAC  
**Address:** 1447 MEDICAL PARK BLVD SUITE 401  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGRM  
**Name:** HALFON, JAFFA  
**Address:** 1447 MEDICAL PARK BLVD SUITE 401  
**City-St-Zip:** WELLINGTON, FL 33414

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:** ISAAC HALFON MD

OWNE

02/21/2010

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