

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119232

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL FOLLOW-UP MANAGEMENT, LLC

**Current Principal Place of Business:**

8400 SW 97 AVE  
MIAMI, FL 33173

**New Principal Place of Business:**

4540 SW 68 COURT CIRCLE  
APT. 2  
MIAMI, FL 33155

**Current Mailing Address:**

8400 SW 97 AVE  
MIAMI, FL 33173

**New Mailing Address:**

4540 SW 68 COURT CIRCLE  
APT. 2  
MIAMI, FL 33155

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ANTUNEZ, JORGE L  
8400 SW 97 AVE  
MIAMI, FL 33173 US

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

ANTUNEZ, JORGE L  
4540 SW 68 COURT CIRCLE  
APT 2  
MIAMI, FL 33155 US

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: JORGE L. ANTUNEZ

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANTUNEZ, JORGE L  
Address: 4540 SW 68 COURT CIRCLE APT 2  
City-St-Zip: MIAMI, FL 33155

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: JORGE L. ANTUNEZ

MGR

04/29/2010

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