

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017043

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** ISLAND DOCTORS OF NEW SMYRNA BEACH, LLC

**Current Principal Place of Business:**

406A PALMETTO ST.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

7800 WEST OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 27-1900584      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DI CAPUA, JOSEPH J  
7800 WEST OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351 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:** MJM BUSINESS ENTERPRISES, INC.  
**Address:** 7800 WEST OAKLAND PARK BLVD  
**City-St-Zip:** SUNRISE, FL 33351

**Title:** MGR  
**Name:** ROY HINMAN M.D. PA  
**Address:** 100 ARRICOLA AVENUE  
**City-St-Zip:** ST AUGUSTINE, FL 32080

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: JOSEPH DI CAPUA

MGMR

02/04/2011

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