

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000017043

**FILED**  
**Jan 20, 2012**  
**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:**

406 PALMETTO STREET  
SUITE A  
NEW SMYRNA, FL 32168

**Current Mailing Address:**

7800 WEST OAKLAND PARK BLVD  
E 214  
SUNRISE, FL 33351

**New Mailing Address:**

7800 WEST OAKLAND PARK BLVD.  
SUITE E-214  
SUNRISE, FL 33351 US

**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:**

MJM BUSINESS ENTERPRISES, INC.  
7800 WEST OAKLAND PARK BLVD  
E-214  
SUNRISE, FL 33351 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: MANUEL GONZALEZ

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: RA  
Name: MJM BUSINESS ENTERPRISES, INC.  
Address: 7800 WEST OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351

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: MANUEL GONZALEZ

MGRM

01/20/2012

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