

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025563

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** GOLD COAST PHYSICIAN PARTNERS, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BOULEVARD, SUITE 1203  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2100 PONCE DE LEON BOULEVARD  
SUITE #1203  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BOULEVARD, SUITE 1203  
CORAL GABLES, FL 33134

**New Mailing Address:**

2100 PONCE DE LEON BOULEVARD  
SUITE #1203  
CORAL GABLES, FL 33134

**FEI Number:** 27-2548807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, CARLOS J  
2100 PONCE DE LEON BOULEVARD, SUITE 1203  
CORAL GABLES, FL 33134 US

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

GONZALEZ, CHRISTOPHER  
2100 PONCE DE LEON BOULEVARD  
SUITE #1203  
CORAL GABLES, FL 33134 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: CHRISTOPHER GONZALEZ

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GONZALEZ, CHRISTOPHER  
Address: 2100 PONCE DE LEON BOULEVARD, SUITE 1203  
City-St-Zip: CORAL GABLES, FL 33134

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: CHRISTOPHER GONZALEZ

MGRM

03/10/2011

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