

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052835

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** CORAL GABLES PHYSICIAN CARE, LLC

**Current Principal Place of Business:**

3301 SW 22ND STREET, UNIT 203  
MIAMI, FL 33145

**New Principal Place of Business:**

1635 SW 27 AVE  
MIAMI, FL 33145

**Current Mailing Address:**

3301 SW 22ND STREET, UNIT 203  
MIAMI, FL 33145

**New Mailing Address:**

1635 SW 27 AVE  
MIAMI, FL 33145

**FEI Number:** 27-2627519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIRSCHENSON, DAVID  
3301 SW 22ND STREET UNIT 203  
MIAMI, FL 33145 US

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

HIRSCHENSON, DAVID  
1635 SW 27 AVE  
MIAMI, FL 33145 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: DAVID HIRSCHENSON

04/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HIRSCHENSON, DAVID  
Address: 16424 COLLINS AVENUE, APT. WS3A  
City-St-Zip: SUNNY ISLE BEACH, FL 33160

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: DAVID HIRSCHENSON

MGRM

04/02/2012

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