

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064046

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DOCTORS MEDICAL OFFICE, LLC

**Current Principal Place of Business:**

8501 SW 124 AVE  
202  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

8501 SW 124 AVE  
202  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MANTILLA, JUAN  
8501 SW 124 AVE  
202  
MIAMI, FL FL 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: MGR  
Name: MANTILLA, JUAN  
Address: 8501 SW 124 AVE SUITE 202  
City-St-Zip: MIAMI, FL 33183

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: JUAN MANTILLA MGR 04/21/2011

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