

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064046

**FILED**  
**Mar 22, 2012**  
**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 ( )**

**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:**

MANTILLA, JUAN A  
8501 SW 124 AVE  
202  
MIAMI, FL FL 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: JUAN A. MANTILLA

03/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MANTILLA, JUAN A MD  
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 A. MANTILLA, M.D.

MGR

03/22/2012

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