2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L10000067782

Entity Name: CASADEMONT FAMILY PHYSICIANS, LLC

Current Principal Place of Business:

15175 EAGLE NEST LANE
SUITE 100
MIAMI LAKES, FL 33016

New Principal Place of Business:

6175 NW 153 STREET
SUITE 320
MIAMI LAKES, FL 33016

Current Mailing Address:

15175 EAGLE NEST LANE
SUITE 100
MIAMI LAKES, FL 33014

New Mailing Address:

6175 NW 153 STREET
SUITE 320
MIAMI LAKES, FL 33016

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

Name and Address of Current Registered Agent:

CASADEMONT, ANDRES J
15175 EAGLE NEST LANE
SUITE 100
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CASADEMONT, ANDRES J
6175 NW 153 STREET
SUITE 320
MIAMI LAKES, FL 33016 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: 02/17/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CASADEMONT, ANDRES J
Address: 15175 EAGLE NEST LANE, SUITE 100
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR
Name: CASADEMONT, ANGEL R
Address: 15175 EAGLE NEST LANE
City-St-Zip: MIAMI LAKES, FL 33014

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 Statues.

SIGNATURE: ANDRES CASADEMONT MGRM 02/17/2011

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