

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067782

FILED  
Feb 17, 2011  
Secretary of State

**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 Statutes.

SIGNATURE: ANDRES CASADEMONT

MGRM

02/17/2011

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