2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 09, 2011
Secretary of State

DOCUMENT# L10000076508

Entity Name: METABOLIC AND CARDIOVASCULAR INSTITUTE OF FLORIDA, LLC

Current Principal Place of Business:

600 UNIVERSITY COMMONS
SUITE 200
JUPITER, FL 34952

New Principal Place of Business:

Current Mailing Address:

529 SOUTH FLAGLER DRIVE
APT 18-G
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 35-2387802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADOW, SAMUEL H M.D.
529 SOUTH FLAGLER DRIVE
APT 18-G
WEST PALM BEACH, FL 33401 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: MGRM
Name: SADOW, SAMUEL H MD
Address: 529 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR
Name: MANKIEWICZ, JASON T
Address: 701 SOUTH OLIVE STREET, APT 207
City-St-Zip: WEST PALM BEACH, FL 33401

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: SAMUEL H SADOW MGR 10/09/2011

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