

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094192

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PALMS WEST ORTHOPEDIC & NEUROLOGY ASSOCIATES, LLC

**Current Principal Place of Business:**

12959 PALMS WEST DRIVE  
SUITE 110  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

12959 PALMS WEST DRIVE  
SUITE 110  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 27-3451510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID GOLDFINGER MD PA  
11985 SOUTHERN BLVD  
SUITE 201  
ROYAL PALM BEACH, FL 33411 US

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

ARENSTEIN, JON  
7438 SAINT ANDREWS ROAD  
LAKE WORTH, FL 33467 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: JON ARENSTEIN

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOLDFINGER, DAVID MD  
Address: 11985 SOUTHERN BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR  
Name: MARANTE, ALBERTO MD  
Address: 17105 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: DAVID GOLDFINGER

MGR

01/05/2012

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