

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096175

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA MENS HEALTH CENTER LLC

**Current Principal Place of Business:**

2954 AVENTURA BLVD  
B  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21315 NE 19 CT  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 27-3452340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRASCO, ANDREA  
2954 AVENTURA BLVD  
B  
AVENTURA, FL 33180 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: CARRASCO, ANDREA  
Address: 2954 AVENTURA BLVD SUITE B  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM  
Name: BLOOM, Yael  
Address: 2954 AVENTURA BLVD SUITE B  
City-St-Zip: AVENTURA, FL 33180

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: ANDREA CARRASCO

MGRM

04/26/2011

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