

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098455

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MAC MEDICAL CONSULTANTS, LLC

**Current Principal Place of Business:**

204 NW 135TH WAY  
SUITE #310  
PLANTATION, FL, FL 33325 US

**New Principal Place of Business:**

132 SW 204 AVE  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

204 NW 135TH WAY  
SUITE #310  
PLANTATION, FL, FL 33325 US

**New Mailing Address:**

PO BOX 268702  
WESTON, FL 33326 US

**FEI Number:** 27-3503259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAVIJO, MALIX  
204 NW 135TH WAY  
SUITE #310  
PLANTATION, FL, FL 33325 US

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

CLAVIJO, MALIX  
132 SW 204 AVE  
PEMBROKE PINES, FL 33029 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: MALIX CLAVIJO

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLAVIJO, MALIX  
Address: PO BOX 268702  
City-St-Zip: WESTON, FL 33326 US

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: MALIX CLAVIJO

MGR

04/29/2011

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