

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000107155

**FILED**  
**Jul 08, 2011**  
**Secretary of State**

**Entity Name:** MIAMI GARDENS MEDICAL, P.L.

**Current Principal Place of Business:**

260 NW 183 STREET  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

260 NW 183 STREET  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 27-3695775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOWARD J. MOFSEN C.P.A., P.A.  
9728 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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: PRES  
Name: MORRISON, MICHAEL A  
Address: 260 NW 183 STREET  
City-St-Zip: MIAMI GARDENS, FL 33169 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: MICHAEL A. MORRISON, M.D.

PRES

07/08/2011

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