

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114723

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** BROMBERG PHYSICIANS LLC

**Current Principal Place of Business:**

7866 EMERALD WINDS CIRCLE  
BOYNTON BEACH, FL 33473 US

**New Principal Place of Business:**

**Current Mailing Address:**

7866 EMERALD WINDS CIRCLE  
BOYNTON BEACH, FL 33473 US

**New Mailing Address:**

**FEI Number:** 27-3857926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROMBERG, ADAM  
7866 EMERALD WINDS CIRCLE  
BOYNTON BEACH, FL 33473 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: MGR  
Name: BROMBERG, ADAM  
Address: 7866 EMERALD WINDS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33473 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: ADAM BROMBERG

CEO

02/23/2012

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