

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

DOCUMENT# L10000120470

Entity Name: CITADEL MED, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6400 N ANDREWS AVE  
SUITE 370  
FORT LAUDERDALE, FL 33309 US

## **Current Mailing Address:**

6400 N ANDREWS AVE  
SUITE 370  
FORT LAUDERDALE, FL 33309 US

FEI Number: 27-4004526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARPENTER, JOSEPH E JR  
6400 N ANDREWS AVE  
SUITE 370  
FORT LAUDERDALE, FL 33309 US

## **New Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 130  
BOCA RATON, FL 33487 US

## **New Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 130  
BOCA RATON, FL 33487 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: CITADEL MEDICAL ENTERPRISES, LLC  
Address: 6111 BROKEN SOUND PARKWAY NW, #130  
City-St-Zip: BOCA RATON, FL 33487 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: CLIFFORD FINDEISS, MD

P

04/27/2011

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