2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# L10000120608

Entity Name: ASOCIACION HISPANA DE RESPONSABILIDAD PROFESIONAL MEDICA, LLC

Current Principal Place of Business:

C/O PACKMAN, NEUWAHL & ROSENBERG
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: PMGR
Name: GOMEZ, FERNANDO
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: VMGR
Name: WITTENBERG, DANIEL
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR
Name: MARIONA, FERNANDO
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR
Name: CUPITO, JORGE
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: ST
Name: ORTA, FERNANDO
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

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 Statues.

SIGNATURE: FERNANDO GOMEZ P 04/30/2012

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