

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121669

Entity Name: FLORIDA MSO HOLDINGS, LLC

FILED  
Mar 27, 2012  
Secretary of State

**Current Principal Place of Business:**

300 S. PINE ISLAND ROAD  
SUITE 238  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

300 S. PINE ISLAND ROAD  
SUITE 238  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 24-4115676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAYLESS, THOMAS R  
300 PINE ISLAND ROAD  
SUITE 238  
PLANTATION, FL 33324 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: BRETON, CRISTIAN  
Address: 300 S. PINE ISLAND ROAD, SUITE 238  
City-St-Zip: PLANTATION, FL 33324

Title: MGR  
Name: FUTURE HEALTH, INC.  
Address: 300 S. PINE ISLAND ROAD, SUITE 238  
City-St-Zip: PLANTATION, FL 33324

Title: MGR  
Name: MELLA, JUAN  
Address: 300 S. PINE ISLAND ROAD, SUITE 238  
City-St-Zip: PLANTATION, FL 33324

Title: MGR  
Name: SOBRADO, JAVIER  
Address: 300 S. PINE ISLAND ROAD, SUITE 238  
City-St-Zip: PLANTATION, FL 33324

Title: MGR  
Name: VITIELLO, MARCO  
Address: 300 S. PINE ISLAND ROAD, SUITE 238  
City-St-Zip: PLANTATION, FL 33324

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: THOMAS R. BAYLESS

MGR

03/27/2012

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