

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000931

FILED
May 16, 2012
Secretary of State

Entity Name: MEDICAL SPECIALISTS AND WELLNESS CENTER OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

701 SOUTH OLIVE AVE.
2109
WEST PALM BEACH, FL 33401 FL

New Principal Place of Business:

11170 REDHAWK STREET
PLANTATION, FL 33324 FL

Current Mailing Address:

701 SOUTH OLIVE AVE.
2109
WEST PALM BEACH, FL 33401 FL

New Mailing Address:

11170 REDHAWK STREET
PLANTATION, FL 33324 FL

FEI Number: 27-4454182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLINA, FRANCISCO J M.D.
701 SOUTH OLIVE AVE.
2109
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MOLINA, FRANCISCO J M.D.
11170 REDHAWK STREET
PLANTATION, FL 33324 US

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:

05/16/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MOLINA, FRANCISCO J M.D.
Address: 11170 REDHAWK STREET
City-St-Zip: PLANTATION, FL 33324 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: FRANCISCO MOLINA

MGR

05/16/2012

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