

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035302

Entity Name: HMO/MSO, LLC

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1764 SE 9 ST.  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

1764 SE 9 ST.  
FT. LAUDERDALE, FL 33316

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARAN CORREA GUARCH AND SHAPIRO, P.A.  
C/O DANNY CORREA, ESQUIRE  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 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: MRS.  
Name: CARDOSO, MARIVI C  
Address: 1764 SE 9 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33316

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: MARIVI C. CARDOSO

MRS.

01/24/2012

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