

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087435

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MIGUEL L. MONROIG M.D., P.L.

**Current Principal Place of Business:**

5610 SAN VICENTE ST  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

5610 SAN VICENTE ST  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONROIG, MIGUEL L  
5610 SAN VICENTE ST  
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: MGRM  
Name: MONROIG, MIGUEL L  
Address: 5610 SAN VICENTE ST  
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 Statutes.

SIGNATURE: MIGUEL L MONROY

P

04/30/2012

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