

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000113140

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** INTERNAL MEDICINE OF PALM BEACH, LLC

**Current Principal Place of Business:**

12955 PALMS WEST DRIVE  
SUITE 201  
ROYAL PALM BEACH, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

2208 RIDGEWOOD CIRCLE  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 30-0700502      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HEFFERNAN, RICHARD L CPA  
151 MEANDER CIRCLE  
ROYAL PALM BEACH, FL 33411 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:** YAQUB, MOHAMMAD M  
**Address:** 2208 RIDGEWOOD CIRCLE  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 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: MOHAMMAD M YAQUB

PRES

04/27/2012

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