

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128060

FILED
Mar 27, 2012
Secretary of State

Entity Name: OVERTOWN MEDICAL SERVICES, LLC

Current Principal Place of Business:

1009 NW 3RD AVENUE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PINE ISLAND ROAD
SUITE 238
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 45-3782886 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOM, BAYLESS
300 SOUTH 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: MGRM
Name: CALDERON, JUAN J MD
Address: 300 SOUTH PINE ISLAND ROAD SUITE 238
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: BRETON, CRISTIAN MD
Address: 300 SOUTH PINE ISLAND ROAD SUITE 238
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: BAYLESS, TOM
Address: 300 SOUTH PINE ISLAND ROAD SUITE 238
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: ROCHA, LUIS
Address: 300 SOUTH PINE ISLAND ROAD SUITE 238
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: CANELON, GUSTAVO A MD
Address: 300 SOUTH PINE ISLAND ROAD SUITE 238
City-St-Zip: PLATATION, 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

MGRM

03/27/2012

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