

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000176

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** SOUTHEAST ACUTE SERVICES, L.C.

**Current Principal Place of Business:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0660475      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURRIER, VICKI  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317 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:** KRU MEDICAL VENTURES, LLC  
**Address:** 7061 CYPRESS ROAD  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** MGR  
**Name:** SPIRA, BRENDA  
**Address:** 7061 CYPRESS ROAD  
**City-St-Zip:** PLANTATION, FL 33317

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: BRENDA SPIRA      MGR      03/04/2011

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