

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000007226

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** COCONUT CREEK PHYSICIANS, P.L.

**Current Principal Place of Business:**

3880 COCONUT CREEK PARKWAY  
#100  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

3880 COCONUT CREEK PARKWAY  
#100  
COCONUT CREEK, FL 33066

**New Mailing Address:**

**FEI Number:** 65-0958084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KORNBERG, JOEL M.D.  
7301-A WEST PALMETTO PARK ROAD, SUITE 305C  
BOCA RATON, FL 33433 US

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

FERRARA, DANIEL D.O.  
3880 COCONUT CREEK PARKWAY  
SUITE 100  
COCONUT CREEK, FL 33066 US

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: DANIEL FERRARA

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FERRARA, DANIEL D.O.  
Address: 3880 COCONUT CREEK PARKWAY - STE 100  
City-St-Zip: COCONUT CREEK, FL 33066

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: DANIEL FERRARA

D.O.

04/06/2011

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