2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L99000008089

Entity Name: SOUTH FLORIDA FAMILY PRACTICE ASSOCIATES, L.C.

Current Principal Place of Business:

8840 S.W. 40TH STREET
SUITE 100
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8840 S.W. 40TH STREET, SUITE 100
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0996707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREIRA, JORGE A
8840 S.W. 40 ST., STE 100
MIAMI, FL 33165 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	( ) Delete
Name:	GUATY, NESTOR E JR	
Address:	8840 S.W. 40TH STREET, SUITE 100	
City-St-Zip:	MIAMI, FL 33165	
Title:	MGRM	( ) Delete
Name:	PEREIRA, JORGE	
Address:	8840 S.W. 40TH STREET, SUITE 100	
City-St-Zip:	MIAMI, FL 33165	
Title:	MGRM	( ) Delete
Name:	LOPEZ, GUILLERMO R	
Address:	8840 S.W. 40TH STREET, SUITE 100	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JORGE A PEREIRA MGRM 01/15/2009

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