

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008089

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8840 S.W. 40TH STREET  
SUITE 200  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8840 S.W. 40TH STREET  
SUITE 200  
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.  
200  
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  
**Name:** GUATY, NESTOR E JR  
**Address:** 8840 S.W. 40TH STREET SUITE 200  
**City-St-Zip:** MIAMI, FL 33165

**Title:** MGRM  
**Name:** PEREIRA, JORGE  
**Address:** 8840 S.W. 40TH STREET, SUITE 200  
**City-St-Zip:** MIAMI, FL 33165

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:** JORGE A. PEREIRA

MGRM

02/07/2012

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