

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000744

Entity Name: FL MEDICAL OFFICE LLC

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

C/O THE PRAEDIUM GROUP LLC  
825 THIRD AVENUE, 36TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE PRAEDIUM GROUP LLC  
825 THIRD AVENUE, 36TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MOB PORTFOLIO ASSOCIATES LLC  
Address: 825 THIRD AVENUE, 36TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

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: RONALD STROBL

VP

03/01/2012

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