

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050600

**Entity Name:** SOUTH FLORIDA PERINATAL MEDICINE, P.L.

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC3893094093**

**Current Principal Place of Business:**

6200 SUNSET DR  
SUITE 301  
MIAMI, FL 33143

**Current Mailing Address:**

6200 SUNSET DR  
SUITE 301  
MIAMI, FL 33143

**FEI Number: 65-0368302**

**Certificate of Status Desired: No**

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

CARRERAS, JOSE  
C/O 6200 SUNSET DRIVE  
SUITE 301  
MIAMI, FL 33143 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LAI, ANTHONY RMDPA  
Address 6200 SUNSET DR.,SUITE 301  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name GOMEZ, JORGE LMDPA  
Address 6200 SUNSET DR., SUITE 301  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name JENSEN, LARS PMDPA  
Address 6200 SUNSET DR., SUITE 301  
City-State-Zip: MIAMI FL 33143

Title MGR  
Name VIDAL, ANA MDPA  
Address 6200 SUNSET DRIVE SUITE 301  
City-State-Zip: MIAMI FL 33143

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY R LAI**

**MANAGING MEMBER**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date