

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066662

Entity Name: SOUTH FLORIDA SPECIALTY PHYSICIANS, LLC

Current Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

Current Mailing Address:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

FEI Number: 20-5155995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID RESQ.
6855 RED ROAD
SUITE 500
CORAL GABLES, 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 MGR
Name LAWSON, RALPH E
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title MGR
Name GREENLEAF, WENDY
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title MGR
Name BRACKIN, D. WAYNE
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title MGR
Name ZIFFER, JACK AMD
Address 6855 RED ROAD SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title MGR
Name LUDWIG, PHILIPP N
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES 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: RALPH E. LAWSON

MGR

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date