

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000119905

Entity Name: MICHAEL TORTORELLA M.D., LLC

Current Principal Place of Business:

7300 SANDLAKE COMMONS BLVD
SUITE 320
ORLANDO, FL 32819

Current Mailing Address:

3731 FAU BLVD
SUITE 1
BOCA RATON, FL 33431 US

FEI Number: 26-0609255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONSKER, KENNETH A
3731 FAU BLVD
SUITE 1
BOCA RATON, FL 33431 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 FLORIDA WOMAN CARE, LLC
Address 3731 FAU BLVD
SUITE 1
City-State-Zip: BOCA RATON FL 33431

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: FLORIDA WOMAN CARE

CLERK_MM

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date