

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000089305

**Entity Name:** SOUTH FLORIDA MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

2101 VISTA PARKWAY  
SUITE 125  
WEST PALM BEACH, FL 33467

**Current Mailing Address:**

2101 VISTA PARKWAY  
SUITE 125  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 46-3018997

**Certificate of Status Desired:** No

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

SMITH, WILLIAM A  
2101 VISTA PARKWAY  
SUITE 125  
WEST PALM BEACH, FL 33411 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 MGRN  
Name PALM BEACH ATLANTIC FINANCIAL GROUP, LLC  
Address 2101 VISTA PARKWAY, SUITE 120 SUITE 125  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name SHORR, JAY A  
Address 7777 N. UNIVERSITY DRIVE, SUITE 201  
City-State-Zip: TAMARAC FL 33321

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM SMITH

MGRM

04/30/2014

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

\_\_\_\_\_  
Date