

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089305

Entity Name: SOUTH FLORIDA MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321

Current Mailing Address:

7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321 US

FEI Number: 46-3018997

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHORR, JAY A MANAGING MEMBER
7777 N. UNIVERSITY DR
SUITE 201
TAMARAC, FL 33321 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: JAY A. SHORR

02/06/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MANAGING MEMBER
Name PIERINI, ALBERTO
Address 7777 N. UNIVERSITY DR
SUITE 201
City-State-Zip: TAMARAC FL 33321

Title MANAGING MEMBER
Name PIERINI, ANGEL
Address 7777 N. UNIVERSITY DR
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: JAY A. SHORR

MANAGING MEMBER

02/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date