

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

For Office Use Only

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**FILED**

11 MAY 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L09000038737

1. Entity Name  
**JC HEALTHCARE P.L.**



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2. Principal Place of Business - No P.O. Box #  
10101 SW 40 STREET

3. Mailing Address  
PO Box 162900

Suite, Apt. #, ect. \_\_\_\_\_ Suite, Apt. #, ect. \_\_\_\_\_

CR2E083B (1/11)

City & State Miami FL City & State Miami FL 4. FEI Number 26-4786888 Applied For \_\_\_\_\_  
Not Applicable \_\_\_\_\_

Zip 33165 Country US Zip 33116 Country US 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE F CARDONA

Street Address (P.O. Box Number is Not Acceptable)  
10101 SW 40 STREET

City Miami State FL Zip Code 33165

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOSE F CARDONA Date 05/20/11

Signature, typed or printed name of registered agent and title if applicable DATE

January 1 - May 1 Fee is \$138.75  
After May 1, Fee is \$638.75  
Amended AR is \$50.00

**Make Check Payable to Florida Department of State**

E-mail Address: jacquiemorelos@flidnsu.com  
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT JOSE F CARDONA 10101 SW 40 STREET MIAMI FL 33165</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

600207294676  
05/06/11--01007--019 \*\*150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: JOSE F CARDONA Date 05/20/11 786 366 6887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#