

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127064

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** PINES CARE MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

10021 PINES BLVD  
SUITE # 210  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

301 NW 103 AVENUE  
SUITE # 235  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

P.O. BOX 279425  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

P.O. BOX 279333  
MIRAMAR, FL 33027

FEI Number: 27-4239402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOYA, JAYNIER  
15761 SW 59 TERRACE  
MIAMI, FL 33193 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOYA, JAYNIER  
Address: 15761 SW 59 TERRACE  
City-St-Zip: MIAMI, FL 33193

Title: MGR  
Name: CARDENAS, SANTIAGO  
Address: 135 E 9 STREET, SUITE # 4  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information indicated on this 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.

SIGNATURE: JAYNIER MOYA

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04/11/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date