

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027989

FILED
Apr 15, 2010
Secretary of State

Entity Name: TRUE CARE MEDICAL CENTER, LLC

Current Principal Place of Business:

7775 S.W. 87TH AVENUE, SUITE 100
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7775 S.W. 87TH AVENUE, SUITE 100
MIAMI, FL 33173

New Mailing Address:

FEI Number: 80-0372789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER & RASSNER, P.A.
7700 NORTH KENDALL DRIVE, SUITE 510
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

NORIEGA, SAMUEL D
7775 SW 87TH AVENUE
100
MIAMI, FL 33173 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: SAMUEL NORIEGA

04/15/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NORIEGA, SAM
Address: 7775 S.W. 87TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33173

Title: MGRM
Name: SANCHEZ, DANIEL
Address: 7775 S.W. 87TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33173

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: SAMUEL NORIEGA

PRES

04/15/2010

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