

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027989

**FILED
Apr 11, 2011
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:

NORIEGA, SAMUEL D
7775 SW 87TH AVENUE
100
MIAMI, FL 33173 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: 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 MGRM 04/11/2011

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