

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027989

FILED
Mar 23, 2012
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

MGMR

03/23/2012

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