

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027989

Entity Name: TRUE CARE MEDICAL CENTER, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 80-0372789

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL NORIEGA

MGMR

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date