

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038737

**Entity Name:** JC HEALTHCARE P.L.

**Current Principal Place of Business:**

2740 SW 97 AVENUE  
SUITE 110 A  
MIAMI, FL 33165

**Current Mailing Address:**

PO BOX 162900  
MIAMI, FL 33116 US

**FEI Number:** 26-4786888

**Certificate of Status Desired:** No

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

CARDONA, JOSE F  
2740 SW 97 AVENUE  
SUITE 110 A  
MIAMI, FL 33165 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 P  
Name CARDONA, JOSE F  
Address 2740 SW 97 AVENUE  
SUITE 110 A  
City-State-Zip: MIAMI FL 33165

*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:** JOSE F CARDONA

P

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date