

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127064

Entity Name: PINES CARE MEDICAL CENTER, LLC.

Current Principal Place of Business:

501 NW 103 AVENUE
PEMBROKE PINES, FL 33026

Current Mailing Address:

6520 SW 181 LANE
SW RANCHES, FL 33331 US

FEI Number: 27-4239402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE VERA, JOSEPH NICHOLAS ESQ.
8700 W FLAGLER STREET
400
MIAMI, FL 33174 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: JOSEPH DE VERA

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	MOYA, JAYNIER	Name	PRIDA, KAREN
Address	501 NW 103 AVE	Address	501 NW 103 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33026	City-State-Zip:	PEMBROKE PINES FL 33026

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN PRIDA

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date