

**2015 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:**

MOYA, JAYNIER  
501 NW 103 AVE  
PEMBROKE PINES, FL 33026 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 MGR  
Name MOYA, JAYNIER  
Address 501 NW 103 AVE  
City-State-Zip: PEMBROKE PINES FL 33026

Title MANAGER  
Name PRIDA, KAREN  
Address 501 NW 103 AVENUE  
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: JAYNIER MOYA**

**MGR**

**01/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date