

2014 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:

P.O. BOX 279333
MIRAMAR, FL 33027

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

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

02/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date