

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000073768

**Entity Name:** MEDCARE QUALITY MEDICAL CENTERS, LLC

**Current Principal Place of Business:**

7200 NW 7TH ST  
STE 150  
MIAMI, FL 33126

**Current Mailing Address:**

7200 NW 7TH ST  
STE 150  
MIAMI, FL 33126

**FEI Number:** 45-2799088

**Certificate of Status Desired:** No

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

AGREDA, ALEXIS  
7200 NW 7TH ST  
SUITE 150  
MIAMI, FL 33126 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  
Name VICTORERO, GRACIELA V  
Address 7200 NW 7 ST STE 204  
City-State-Zip: MIAMI FL 33126

*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:** GRACIELA V VICTORERO

**MANAGER**

**04/04/2013**

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

\_\_\_\_\_  
Date