

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000115242

Entity Name: LA ALIANZA MEDICAL CENTER, LLC

Current Principal Place of Business:

8530 S.W. 8 ST.
MIAMI, FL 33144

Current Mailing Address:

8530 S.W. 8 ST.
MIAMI, FL 33144 US

FEI Number: 46-0969480

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VELASCO, NESTOR
8530 SW 8 ST.
MIAMI, FL 33144 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 VELASCO, NESTOR
Address 8530 S.W. 8 ST.
City-State-Zip: MIAMI FL 33144

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: NESTOR VELASCO

MANAGER

06/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date