

**2014 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:** No

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

**SIGNATURE:** NESTOR VELASCO

MGRM

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date