

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000123219

**Entity Name:** LA ALIANZA MEDICAL CENTER 1 LLC

**Current Principal Place of Business:**

8530 SW 8 STREET;  
MIAMI, FL 33144

**Current Mailing Address:**

8530 SW 8 STREET;  
MIAMI, FL 33144

**FEI Number: 46-1075901**

**Certificate of Status Desired: No**

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

CARRERAS RISECH, JOSE GMD  
9822 SW 27 TERRACE  
MIAMI, FL 33165 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 CARRERAS RISECH, JOSE GMD  
Address 8530 SW 8TH STREET  
City-State-Zip: MIAMI FL 33144

Title MGR  
Name VELASCO, NESTOR  
Address 8530 SW 8TH STREET  
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**

**MGR**

**06/18/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date