

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002973

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** SUPERIOR HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

100 NE 15 STREET  
207  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

29472 SW 193 CT  
MIAMI, FL 33030

**New Mailing Address:**

**FEI Number:** 65-0997103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATRICIA HEVIA  
29472 SW 193 CT  
HOMESTEAD, FL 33030 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HEVIA, PATRICIA V  
Address: 29472 SW 193 CT  
City-St-Zip: MIAMI, FL 33030 US

Title: MGR  
Name: HEVIA, AMAURY  
Address: 29472 SW 193 CT  
City-St-Zip: MIAMI, FL 33030 US

Title: MGR  
Name: GONZALEZ, MICHELLE  
Address: 29472 SW 193 CT  
City-St-Zip: MIAMI, FL 33030

I hereby certify that the information indicated on this 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.

SIGNATURE: PATRICIA HEVIA

MGR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date