

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90213 034 \*\*\*\*50.00

DOCUMENT # L01000004473

1. Entity Name

PRIME HEALTH MEDICAL CENTER, L.L.C.



Principal Place of Business

1073 NE 125TH STREET  
MIAMI FL 33161

Mailing Address

4724 MONROE STREET  
HOLLYWOOD FL 33021

2. Principal Place of Business - No P.O. Box #

18250 NW 2nd Ave

3. Mailing Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Miami Gardens

City & State

Zip

33169

Country

USA

Zip

Country

4. FEI Number

65-1086174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.  
ONE LINCOLN PLACE  
1900 GLADES ROAD, SUITE 350  
BOCA RATON FL 33431-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
LUBIN, ANITE  
STREET ADDRESS  
4724 MONROE STREET  
CITY- ST- ZIP  
HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
MGRM  
VILVAR, SERGE M.D.  
STREET ADDRESS  
3501 SE 145TH AVE  
CITY- ST- ZIP  
MIAMI FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anite M. Lubin M.D.

3/5/07

Daytime Phone #