

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 009 ****50.00

DOCUMENT # L04000010529

1. Entity Name

FLORIDA CARE PLUS MEDICAL CENTER LLC



Principal Place of Business

2056 OPALOCKA BLVD.
OPALOCKA FL 33054

Mailing Address

2056 OPALOCKA BLVD.
OPALOCKA FL 33054

2. Principal Place of Business

1980 OPALOCKA BLVD

3. Mailing Address

1980 OPALOCKA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

City & State

OPALOCKA, FL

4. FEI Number

300230580

Applied For

Not Applicable

Zip

33054

Country

MAAMI-DADE

Zip

33054

Country

MAAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEX-LIMIA, ARMANDO A
1057 WEST 50 PLACE
HIALEAH FL 33012

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME LOPEZ-LIMA, GUILLERMINA
STREET ADDRESS 2056 OPALOCKA BLVD.
CITY-ST-ZIP OPALOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☒ Addition
NAME Lopez-Lima, Guillermina
STREET ADDRESS 1980 OPALOCKA BLVD
CITY-ST-ZIP OPALOCKA FL 33054

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/23/05
Date

305-769-6777
Daytime Phone #