

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048098

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** CALIFORNIA CLUB MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

850 IVES DAIRY ROAD  
UNIT 14  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

790 IVES DAIRY RD.  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

210 S FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 20-1299924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUALCARE MEDICAL CENTERS, LLC  
210 SOUTH FEDERAL HIGHWAY  
2ND FLOOR  
HOLLYWOOD, FL 33020 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: GRNJA, MARK  
Address: 210 S FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR  
Name: MCGOOHAN, JOHN  
Address: 210 S FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

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: MARK GRNJA

MGR

01/29/2011

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