

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029540

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** FAMILY MEDICAL CENTRE HIALEAH, LLC

**Current Principal Place of Business:**

3410 WEST 84TH STREET, SUITE F110  
HIALEAH, FL 33018

**New Principal Place of Business:**

3410 WEST 84TH STREET  
#110  
HIALEAH, FL 33018

**Current Mailing Address:**

3410 WEST 84TH STREET, SUITE F110  
HIALEAH, FL 33018

**New Mailing Address:**

3410 WEST 84TH STREET  
#110  
HIALEAH, FL 33018

FEI Number: 20-2555454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASE, WAYNE H  
3410 WEST 84TH STREET, SUITE F110  
HIALEAH, FL 33018 US

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

CASE, WAYNE H  
3410 WEST 84TH STREET  
#110  
HIALEAH, FL 33018 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: WAYNE H. CASE

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASE, WAYNE  
Address: 3410 WEST 84TH STREET  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CASE, WAYNE  
Address: 3410 WEST 84TH STREET, SUITE # 110  
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WAYNE H. CASE

MGR

04/25/2008

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