

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029540

FILED
Jan 21, 2009
Secretary of State

Entity Name: FAMILY MEDICAL CENTRE HIALEAH, LLC

Current Principal Place of Business:

3410 WEST 84TH STREET
#110
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

3410 WEST 84TH STREET
#110
HIALEAH, FL 33018

New Mailing Address:

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
#110
HIALEAH, FL 33018 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 () Delete
Name: CASE, WAYNE
Address: 3410 WEST 84TH STREET, SUITE # 110
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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, MD

MGR

01/21/2009

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