

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063637

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** FIGAROLA MEDICAL CENTERS, LLC

**Current Principal Place of Business:**

351 NW 42ND AVENUE  
SUITE 308  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

351 NW 42ND AVENUE  
SUITE 308  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 83-0468814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGAROLA, OSCAR J  
351 NW 42ND AVENUE  
SUITE 308  
MIAMI, FL 33126 US

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

FIGAROLA, ELIZABETH  
351 NW 42ND AVENUE  
SUITE 308  
MIAMI, FL 33126 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: ELIZABETH FIGAROLA

02/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: FIGAROLA, ELIZABETH  
Address: 351 NW 42ND AVENUE, 308  
City-St-Zip: MIAMI, FL 33126

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: ELIZABETH FIGAROLA

PRES

02/11/2011

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