

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122475

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** SAMOHO HEALTHCARE, LLC

**Current Principal Place of Business:**

900 S.W. 2ND AVENUE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

900 S.W. 2ND AVENUE  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 33-1128426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCHIN, GUILLERMO  
900 S.W. 2ND AVENUE  
MIAMI, FL 33130 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: ROCHIN, GUILLERMO  
Address: 900 S.W. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33130

Title: VP  
Name: PAEZ-ROCHIN, SYLVIA  
Address: 900 SW 2ND AVE  
City-St-Zip: MIAMI, FL 33130

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: GUILLERMO ROCHIN

PRES

04/21/2010

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