

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002789

Entity Name: SINAI PERINATAL, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4101 NW 4TH STREET  
SUITE 309  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4101 NW 4TH STREET  
SUITE 309  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-4065895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABRAMOVICI, DOREL  
3920 NE 22ND AVENUE  
FORT LAUDERDALE, FL 33308 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: PRES  
Name: ABRAMOVICI, DOREL  
Address: 4101 NW 4TH STREET, SUITE 309  
City-St-Zip: PLANTATION, FL 33317

Title: V.P.  
Name: ABRAMOVICI, NEOMI  
Address: 4101 NW 4TH STREET, SUITE 309  
City-St-Zip: PLANTATION, FL 33317

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: DOREL ABRAMOVICI

MD

02/07/2012

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