

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121168

FILED
Apr 06, 2009
Secretary of State

Entity Name: LEAL MEDICAL CENTER, LLC

Current Principal Place of Business:

28899 S DIXIE HWY
HOMESTEAD, FL 33033

New Principal Place of Business:

925 NE 30TH TERR.
SUITE # 206
HOMESTEAD, FL 33033

Current Mailing Address:

19320 SW 292 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3521777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAL, JHACNEA P
19320 SW 292 ST.
HOMESTEAD, FL 33030 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: P () Delete
Name: LEAL, JHACNEA
Address: 19320 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

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: JHACNEA LEAL

PRES

04/06/2009

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