2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# L06000121168

Entity Name: LEAL MEDICAL CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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
Name: LEAL, JHACNEA
Address: 19320 SW 292 STREET
City-St-Zip: HOMESTEAD, FL 33030

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 Statues.

SIGNATURE: JHACNEA LEAL P 04/01/2010

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