

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121168

FILED
Feb 29, 2012
Secretary of State

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:

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

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
925 NE 30TH TERR.
SUITE#206
HOMESTEAD, FL 33033 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: MNG
Name: LEAL, JHACNEA
Address: 925 NE 30TH TERR. SUITE#206
City-St-Zip: HOMESTEAD, FL 33033

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: JHACNEA LEAL

MNG

02/29/2012

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