

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092519

FILED
Apr 15, 2008
Secretary of State

Entity Name: BETTER LIFE MEDICAL CENTER LLC.

Current Principal Place of Business:

489 E. HIALEAH DRIVE
HIALEAH, FL 33010

New Principal Place of Business:

7760 WEST 20TH AVENUE
3
HIALEAH, FL 33016

Current Mailing Address:

489 E. HIALEAH DRIVE
HIALEAH, FL 33010

New Mailing Address:

7760 WEST 20TH AVENUE
3
HIALEAH, FL 33016

FEI Number: 26-0886449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUIGROS, DAYSI
1664 W 84 STREET
HIALEAH, FL 33014 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 () Delete
Name: PUIGROS, DAYSI
Address: 1664 W. 84 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACOSTA, IDALIA A
Address: 6000 S.W. 135 TERRACE
City-St-Zip: MIAMI, FL 33156

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: IDALIA A. ACOSTA

MBR

04/15/2008

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