

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095288

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** MEDCHOICE OF NORTH HIALEAH, L.L.C.

**Current Principal Place of Business:**

1578 W 68 STREET  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141799  
CORAL GABLES, FL 331141799 US

**New Mailing Address:**

**FEI Number:** 42-1742602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORDOVA, ANGEL D  
782 NW 42 AVENUE  
SUITE 340  
MIAMI, FLORIDA, FL 33126 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:** ACEVEDO, ARMANDO MD  
**Address:** PO BOX 141799  
**City-St-Zip:** CORAL GABLES, FL 33114 US

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:** ARMANDO ACEVEDO M.D.

PRES

02/22/2012

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