

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114336

FILED
Jan 22, 2008
Secretary of State

Entity Name: PALM AVENUE MEDICAL CENTER, LLC.

Current Principal Place of Business:

2900 PALM AVENUE
FIRST FLOOR
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

2900 PALM AVENUE
FIRST FLOOR
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONTRERAS, JOSE JULIAN
2900 PALM AVENUE
FIRST FLOOR
HIALEAH, FL 33012 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: MGRM () Delete
Name: CONTRERAS, JOSE JULIAN
Address: 2900 PALM AVENUE FIRST FLOOR
City-St-Zip: HIALEAH, FL 33012 US

Title: MGRM () Delete
Name: CORTES, ANAIS
Address: 2900 PALM AVENUE FIRST FLOOR
City-St-Zip: HIALEAH, FL 33012 US

Title: MGRM () Delete
Name: VALLE, IVETTE
Address: 2900 PALM AVENUE FIRST FLOOR
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANAIS CORTES

MGRM

01/22/2008

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