

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118904

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: MEDCHOICE OF WEST HIALEAH, L.L.C.

**Current Principal Place of Business:**

1255 W 46 STREET  
SUITE 8  
MIAMI, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141799  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 26-1577559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORDOVA, ANGEL D  
780 NW 42 AVENUE  
SUITE 416  
MIAMI, 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: MGR ( ) Delete  
Name: DIAZ, EVA  
Address: PO BOX 141799  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR ( ) Delete  
Name: PASCUAL, ESTILITA M.D.  
Address: 1255 W 46 STREET, SUITE 8  
City-St-Zip: HIALEAH, FL 33012 US

Title: D ( ) Delete  
Name: DIAZ, MARIA A  
Address: PO BOX 141799  
City-St-Zip: MIAMI, FL 33114

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: REGALADO, RICARDO  
Address: PO BOX 141799  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR (X) Change ( ) Addition  
Name: DIAZ, ISABELLE  
Address: PO BOX 141799  
City-St-Zip: CORAL GABLES, FL 33114 US

Title: MGR (X) Change ( ) Addition  
Name: PASCUAL, ESTILITA M.D.  
Address: PO BOX 141799  
City-St-Zip: MIAMI, FL 33114

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: RICARDO L. REGALADO

PRES

01/29/2009

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