

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000118904

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** QUALMED 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 441799  
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:**

CORDOVA, ANGEL D  
782 NW 42 AVENUE  
SUITE 340  
MIAMI, FL 33126 US

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:

03/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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: RICARDO L. REGALADO

PRES

03/15/2010

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