

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000118904

**FILED**  
**Mar 11, 2011**  
**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 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  
782 NW 42 AVENUE  
SUITE 340  
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: PRES  
Name: OVIEDO, RAIDEL 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: RAIDEL OVIEDO MD

PRES

03/11/2011

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