

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119536

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HEALTH CARE MEDICAL EQUIPMENT LLC

**Current Principal Place of Business:**

FEDORA ELIPE/UBALDO MIRANDA  
7547 WEST 24TH AVENUE, S-200  
HIALEAH, FL 33016

**New Principal Place of Business:**

FEDORA ELIPE/UBALDO MIRANDA  
8084 W 21 CT  
HIALEAH, FL 33016

**Current Mailing Address:**

FEDORA ELIPE/UBALDO MIRANDA  
7547 WEST 24TH AVENUE, S-200  
HIALEAH, FL 33016

**New Mailing Address:**

FEDORA ELIPE/UBALDO MIRANDA  
8084 W 21 CT  
HIALEAH, FL 33016

**FEI Number:** 26-1452081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELIPE, FEDORA  
7547 WEST 24TH AVENUE, S-200  
HIALEAH, FL 33016 US

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

ELIPE, FEDORA  
8084 W 21 CT  
HIALEAH, FL 33016 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:** UBALDO A. MIRANDA

02/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** UBALDO, MIRANDA  
**Address:** 8084 W 21 CT  
**City-St-Zip:** HIALEAH, FL 33016 US

**Title:** MGRM  
**Name:** FEDORA, ELIPE  
**Address:** 7547 W 24TH AVENUE, STE. 200  
**City-St-Zip:** HIALEAH, FL 33016 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:** UBALDO A. MIRANDA

MGR

02/18/2011

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