2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000126724

Entity Name: IVO FACCA PARKINSON CENTER, LLC

Current Principal Place of Business:

5141 N.W. 105 COURT
MIAMI, FL 33178

New Principal Place of Business:

2735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

5141 N.W. 105 COURT
MIAMI, FL 33178

New Mailing Address:

FEI Number: 61-1549334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALICIA G FACCA
5141 N.W. 105 COURT
MIAMI, FL 33178 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: FACCA, ALICIA G
Address: 5141 N.W. 105 COURT
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

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: ALICIA G. FACCA MGRM 04/30/2009

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