

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126724

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** IVO FACCA PARKINSON CENTER, LLC

**Current Principal Place of Business:**

2735 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5141 N.W. 105 COURT  
MIAMI, FL 33178

**New Mailing Address:**

2735 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number:** 61-1549334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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: ALICIA FACCA

MGRM

04/17/2011

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