

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012445

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL CENTER OF QUAIL, LLC.

**Current Principal Place of Business:**

12376-80 QUAIL ROOST DRIVE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

995 N MIAMI BEACH BLVD.  
#100  
N MIAMI BECH, FL 33162

**New Mailing Address:**

**FEI Number:** 26-1953865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GONZALEZ, WILFREDO  
2200 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33162      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:** BRAVO, OCTAVIO A  
**Address:** 11782 S. W. 92ND TERRACE  
**City-St-Zip:** MIAMI, FL 33186

**Title:** MGR  
**Name:** GONZALEZ, WILFREDO  
**Address:** 995 N MIAMI BEACH BLVD. #100  
**City-St-Zip:** N MIAMI BEACH, FL 33162

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: WILFREDO GONZALEZ

MGR

02/17/2010

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