

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027901

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** QC MEDICAL INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
STE 401  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

299 ALHAMBRA CIRCLE  
STE 401  
CORAL GABLES, FL 33134

**New Mailing Address:**

5171 PINE TREE DRIVE  
MIAMI BEACH, FL 33140

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

QUINTANA, J. JOSE  
299 ALHAMBRA CIRCLE  
STE 401  
CORAL GABLES, FL 33134 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:** D  
**Name:** QUINTANA, JUAN A MD  
**Address:** 4625 PONCE DE LEON BLVD  
**City-St-Zip:** CORAL GABLES, FL 33146

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:** JUAN A QUINTANA

D

03/23/2011

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