

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052382

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** CINTEX URGENT CARE CENTER L.L.C

**Current Principal Place of Business:**

6245 MIRAMAR PARKWAY  
SUITE 101  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6245 MIRAMAR PARKWAY  
SUITE 101  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 26-2682809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEJEAN, ADRIENNE  
6245 MIRAMAR PARKWAY 101  
104  
MIRAMAR, FL 33023 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:** MGR  
**Name:** DEJEAN, ADRIENNE  
**Address:** 6245 MIRAMAR PARKWAY  
**City-St-Zip:** MIRAMAR, FL 33023

**Title:** MGRM  
**Name:** CINTEX MANAGEMENT INC.  
**Address:** 190 NE 199 STREET SUITE 104  
**City-St-Zip:** MIAMI, FL 33179

**Title:** MGRM  
**Name:** RENAL, ROBERTY  
**Address:** 190 NE 199 STREET # 104  
**City-St-Zip:** MIAMI, FL 33179

**Title:** MGRM  
**Name:** RENAL, ROBERTY  
**Address:** 190 NE 199 STREET # 104  
**City-St-Zip:** MIAMI, FL 33179

**Title:** MGRM  
**Name:** RENAL, ROBERTY  
**Address:** 190 NE 199 STREET # 104  
**City-St-Zip:** MIAMI, FL 33179

**Title:** MGRM  
**Name:** RENAL, ROBERTY  
**Address:** 190 NE 199 STREET # 104  
**City-St-Zip:** MIAMI, FL 33179

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:** RENAL ROBERTY

MGRM

04/12/2012

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