2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000094370

Entity Name: TRILINGUAL MEDICAL CENTER, LLC

Current Principal Place of Business:

19745 E. SAINT ANDREWS DRIVE
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

19745 E. SAINT ANDREWS DRIVE
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 80-0302618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOLETE CELOGE, MARIE
19745 E. SAINT ANDREWS DRIVE
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

CELOGE, MARIE Y CEO
19745 E. SAINT ANDREWS DRIVE
MIAMI LAKES, FL 33015 US

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: YOLETTE E CELOGE 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YOLETTE CELOGE, MARIE
Address: 19745 E. SAINT ANDREWS DRIVE
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CELOGE, MARIE Y CEO
Address: 19745 E. SAINT ANDREWS DRIVE
City-St-Zip: MIAMI LAKES, FL 33015

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: MARIE YOLETTE CELOGE CEO 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date