

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101470

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL HEALTHCARE ADVISORS, LLC

**Current Principal Place of Business:**

13399 SW 131 STREET STE B  
MIAMI, FL 33186

**New Principal Place of Business:**

12904 SW 133RD COURT  
MIAMI, FL 33186

**Current Mailing Address:**

13399 SW 131 STREET STE B  
MIAMI, FL 33186

**New Mailing Address:**

12904 SW 133RD COURT  
MIAMI, FL 33186

**FEI Number:** 26-3626035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOBRADO, JAVIER  
13399 SW 131 STREET STE B  
MIAMI, FL 33186 US

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

SOBRADO, JAVIER DR.  
12904 SW 133RD COURT  
MIAMI, FL 33186 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: JAVIER SOBRADO

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOBRADO, JAVIER DR  
Address: 12904 SW 133RD COURT  
City-St-Zip: MIAMI, FL 33186

Title: MGRM  
Name: MANTECON, MANUEL J DR  
Address: 12904 SW 133RD COURT  
City-St-Zip: MIAMI, FL 33186

Title: MGRM  
Name: DUQUE, SANDRA  
Address: 12904 SW 133RD COURT  
City-St-Zip: MIAMI, FL 33186

Title: MGRM  
Name: HOOVER, BEVERLY  
Address: 12904 SW 133RD COURT  
City-St-Zip: MIAMI, FL 33186

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: JAVIER SOBRADO

DR.

02/23/2010

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