

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112970

FILED
Apr 06, 2009
Secretary of State

Entity Name: ABAD MEDICAL CENTER, LLC

Current Principal Place of Business:

4800 W. FLAGLER ST.
SUITE 218
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4800 W FLAGLER ST.
SUITE 218
MIAMI, FL 33134

New Mailing Address:

4800 W. FLAGLER ST.
SUITE 218
MIAMI, FL 33134

FEI Number: 26-3862283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, FIDEL VPDT
742 W 37 TH STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FERNANDEZ, FIDEL
742 W 37 TH STREET
HIALEAH, FL 33012 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: FIDEL FERNANDEZ

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PDT () Delete
Name: ABAD, GALIA
Address: 3640 NW 9TH ST., APT 412
City-St-Zip: MIAMI, FL 33125

Title: VPDT () Delete
Name: FERNANDEZ, FIDEL
Address: 742 W 37TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GALIA ABAD

PDT

04/06/2009

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