

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000022263

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** LAS MERCEDES MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

2655 LE JEUNE ROAD  
PENTHOUSE 2 STE E  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3350 SW 148 AVE  
STE 110  
MIRAMAR, FL 33027

**Current Mailing Address:**

2655 LE JEUNE ROAD  
PENTHOUSE 2 STE E  
CORAL GABLES, FL 33134

**New Mailing Address:**

3350 SW 148 AVE  
STE 110  
MIRAMAR, FL 33027

**FEI Number:** 42-1767512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERRANO, HORACIO  
2655 LE JEUNE ROAD  
PENTHOUSE 2 STE E  
CORAL GABLES, FL 33134 US

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

SERRANO, HORACIO  
318 INDIAN TRACE  
#288  
WESTON, FL 33326 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: HORACIO SERRANO

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SERRANO, HORACIO  
Address: 318 INDIAN TRACE, #288  
City-St-Zip: WESTON, FL 33326

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: HORACIO SERRANO

MGRM

04/26/2010

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