

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034565

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** SUPREME THERAPEUTIC MEDICAL CENTER, LLC

**Current Principal Place of Business:**

2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

2121 10TH AVENUE N  
STE 2121  
LAKE WORTH, FL 33461 US

**Current Mailing Address:**

2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

**FEI Number:** 26-4651998      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEONARD, YVES  
2121 10TH AVENUE  
STE 2121  
LAKE WORTH, FL 33461 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:** MRG  
**Name:** PIERRE PHILIPPE, NICOLAS  
**Address:** 14895 SW 63RD STREET  
**City-St-Zip:** MIAMI, FL 33193 US

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: NICOLAS NICOLAS      MRG      05/01/2011

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