

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


For Office Use Only

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**FILED**

11 MAY 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>L09000038737</b>	
1. Entity Name <b>JC HEALTHCARE P.L.</b>	

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2. Principal Place of Business - No P.O. Box # <b>10101 SW 40 STREET</b>	3. Mailing Address <b>PO Box 162900</b>
Suite, Apt. #, ect.	Suite, Apt. #, ect.

CR2E083B (1/11)

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>26-4786888</b>	Applied For Not Applicable
Zip <b>33165</b>	Country <b>US</b>	Zip <b>33116</b>	Country <b>US</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6.

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7. Name and Address of Current Registered Agent

Name **JOSE F CARDONA**

Street Address (P.O. Box Number is Not Acceptable)  
**10101 SW 40 STREET**

City **Miami** State **FL** Zip Code **33165**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSE F CARDONA** 05/20/11  
Signature, typed or printed name of registered agent and title if applicable DATE

January 1 - May 1 Fee is \$138.75  
After May 1, Fee is \$638.75  
Amended AR is \$50.00  
Make Check Payable to Florida Department of State

E-mail Address: **jacquiemorelos011@nsw.com**  
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE <b>PRESIDENT</b>	NAME <b>JOSE F CARDONA</b>
STREET ADDRESS <b>10101 SW 40 STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33165</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

10.

**600207294676**  
05/06/11--01007--019 \*\*150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **JOSE F CARDONA** 05/20/11 786 366 6887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#