

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039056

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** NORTH MIAMI HEALTH CENTER LLC

**Current Principal Place of Business:**

2050 NE 163RD STREET  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

815 SE 1ST AVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

P.O. BOX 6455  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 26-4728831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSS, RAFAEL  
4212 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

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

FOSS, RAFAEL  
815 SE 1ST AVE  
HALLANDALE BEACH, FL 33009 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: RAFAEL FOSS

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM  
Name: FOSS, RAFAEL  
Address: PO BOX 6455  
City-St-Zip: WEST PALM BEACH, FL 33405

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: RAFAEL FOSS

MM

05/01/2012

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