

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040512

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** IDEAL MEDICAL CENTER OF EAST HIALEAH, LLC.

**Current Principal Place of Business:**

995 N MIAMI BEACH BLVD. #100  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

995 N MIAMI BEACH BLVD. #100  
N MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 26-4759500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, WILFREDO  
995 N MIAMI BEACH BLVD.  
SUITE # 100  
N MIAMI BEACH, FL 33162 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:** MGRM  
**Name:** BRAVO, OCTAVIO A  
**Address:** 995 N MIAMI BEACH BLVD. #100  
**City-St-Zip:** N MIAMI BEACH, FL 33162

**Title:** MGR  
**Name:** GONZALEZ, WILFREDO  
**Address:** 995 N MIAMI BEACH BLVD. #100  
**City-St-Zip:** N MIAMI BEACH, FL 33162

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:** WILFREDO GONZALEZ

MGR

02/02/2011

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