

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000041753

FILED
Apr 08, 2010
Secretary of State

Entity Name: A VETERAN'S MEDICAL CENTER " LLC"

Current Principal Place of Business:

13331 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Principal Place of Business:

8260 N.E. 2ND AVE
MIAMI, FL 33138

Current Mailing Address:

10951 SW 222TERR
CUTTLE RIDGE, FL 33170

New Mailing Address:

8260 N.E. 2ND AVE
MIAMI, FL 33138

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFORD, CHARLES
10951 SW 222 TERR
CUTTLE RIDGE, FL 33170 US

Name and Address of New Registered Agent:

BUFORD, CHARLES MGR
10951 SW 222 TERR
CUTTLE RIDGE, FL 33170 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: CHARLES BUFORD /MGR

04/08/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BUFORD, CHARLES
Address: 10951 SW 10951 TERR
City-St-Zip: CUTTLES RIDGE, FL 33170

Title: MGR
Name: BUFORD, MELINDA MGR
Address: 10951 SW 222 TERR
City-St-Zip: CUTTLE RIDGE, FL 33170

Title: MGR
Name: BLEMUR, PIERRE R MGR
Address: 3640 GRAND AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR
Name: PETTIAWAY, C R MGR
Address: 10951 SW 222 TERR
City-St-Zip: CUTTLE RIDGE, FL 33170 US

Title: MGR
Name: PIERRE, LAURINUS MGR
Address: 8260 N.E. 2ND AVENUE
City-St-Zip: MIAMI, FL 33138 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: CHARLES BUFORD

MGR

04/08/2010

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