

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070368

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PALMS HEALTH CENTERS, L.L.C.

**Current Principal Place of Business:**

6075 SUNSET DR.  
4TH FLOOR  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

51 EAST 1ST AVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 27-0623700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CERECEDA, MARK A  
6075 SUNSET DR.  
4TH FLOOR  
MIAMI, FL 33143 US

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

CERECEDA, MARK A  
51 EAST 1ST AVE.  
HIALEAH, FL 33010 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: MARK A. CERECEDA

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CERECEDA, MARK A  
Address: 51 EAST 1ST AVE  
City-St-Zip: HIALEAH, FL 33010

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: MARK A. CERECEDA

MGRM

01/06/2012

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