

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079072

FILED
Apr 29, 2011
Secretary of State

Entity Name: BORIKEN FAMILY HEALTH AND WELLNESS CENTER, PL

Current Principal Place of Business:

1806 N. FLAMINGO ROAD
SUITE 440
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1806 N. FLAMINGO ROAD
SUITE 440
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 27-0751971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICE OF NYDIA MENENDEZ, LLC
2699 STIRLING ROAD
BUILDING B, SUITE 200
FORT LAUDERDALE, FL 33312 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: NOREEN ZAMBRANA, LLC
Address: 1485 SW 157TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM
Name: MNCK, PL
Address: 1485 SW 157TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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: MANUEL FERNANDEZ

MGRM

04/29/2011

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