

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113854

FILED
Jan 03, 2011
Secretary of State

Entity Name: CLINICA LA CARIDAD LLC

Current Principal Place of Business:

285 N.W. 27 AVE
SUITE 14
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

285 N.W. 27 AVE
SUITE 14
MIAMI, FL 33125

New Mailing Address:

FEI Number: 26-2158707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, JINA J
285 N.W. 27 AVE
SUITE 14
MIAMI, FL 33125 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: PRES
Name: FUENTES, JINA J
Address: 285 N.W. 27 AVE
City-St-Zip: MIAMI, FL 33125

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: JINA J. FUENTES

P

01/03/2011

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