

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031723

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** PROGRESS MEDICAL CENTER, LLC

**Current Principal Place of Business:**

7300 WEST MCNAB ROAD, SUITE 113  
TAMARAC, FL 33321

**New Principal Place of Business:**

10873 NW 53RD LN  
DORAL, FL 33178

**Current Mailing Address:**

7300 WEST MCNAB ROAD, SUITE 113  
TAMARAC, FL 33321

**New Mailing Address:**

10873 NW 53RD LN  
DORAL, FL 33178

**FEI Number:** 13-4317859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARMIENTO, SANDRA  
7300 WEST MCNAB ROAD, SUITE 113  
TAMARAC, FL 33321 US

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

SARMIENTO, SANDRA  
10873 NW 53RD LN  
DORAL, FL 33178 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: SS

01/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SARMIENTO, SANDRA  
Address: 10873 NW 53RD LN  
City-St-Zip: DORAL, FL 33178

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: SS

MGR

01/27/2012

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