

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052411

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Entity Name:** PRIMARY CARE MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5460 N. STATE ROAD 7  
SUITE 110  
TAMARAC, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5460 N. STATE ROAD 7  
SUITE 110  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 32-0310125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVENTURE, YVES M DO CMD  
171 GRANADA AVE.  
WESTON, FL 33326 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:** CEO  
**Name:** LAVENTURE, YVES M  
**Address:** 5460 N. STAE ROAD 7  
**City-St-Zip:** TAMARAC,, FL 33319

**Title:** MGR  
**Name:** LAVENTURE, VIVIANNE G  
**Address:** 5460 N. STATE ROAD 7  
**City-St-Zip:** TAMARAC, FL 33319

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:** YVES LAVENTURE

CEO

09/15/2011

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