

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108022

FILED  
Jun 29, 2012  
Secretary of State

**Entity Name:** HOSPITALITA HEALTHCARE SERVICES, LLC

**Current Principal Place of Business:**

20900 NE 30TH AVE STE 806  
AVENTURA, FL 33180

**New Principal Place of Business:**

20900 NE 30TH AVE  
SUITE 734  
AVENTURA, FL 33180 US

**Current Mailing Address:**

20900 NE 30TH AVE STE 806  
AVENTURA, FL 33180

**New Mailing Address:**

20900 NE 30TH AVE  
SUITE 734  
AVENTURA, FL 33180

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GBS CONSULTANTS, INC  
18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029 US

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

TAX ACCOUNTING & FINANCIAL EXPERTS INC  
20900 NE 30TH AVE  
SUITE 819  
AVENTURA, FL 33180 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: ERIKA RODRIGUEZ

06/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLASI, MAGIN  
Address: 20900 NE 30TH AVE STE 734  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: PEREZ BARREIRO, PABLO  
Address: 20900 NE 30TH AVE STE 734  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR  
Name: BLASI, FERNANDO  
Address: 20900 NE 30TH AVE STE 734  
City-St-Zip: AVENTURA, FL 33180 US

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: MAGIN BLASI

MGR

06/29/2012

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