

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120439

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Entity Name:** PAULISTA MEDICAL CARE LLC

**Current Principal Place of Business:**

3640 YACHT CLUB DRIVE  
APARTMENT # 104  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3640 YACHT CLUB DRIVE  
APARTMENT # 104  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 45-2665068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAFFER, CINDY M.D.  
3640 YACHT CLUB DRIVE  
APARTMENT # 104  
AVENTURA, FL, FL 33180 US

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

SHAFFER, ROBERT  
3640 YACHT CLUB DRIVE  
APARTMENT # 104  
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: ROBERT SHAFFER

07/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHAFFER, CINDY E M.D.  
Address: 3640 YACHT CLUB DRIVE, APARTMENT # 104  
City-St-Zip: AVENTURA, FL 33180

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: CINDY SHAFFER M.D.

MGR

07/11/2011

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