2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# L10000120439

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, ROBERT
3640 YACHT CLUB DRIVE
APARTMENT # 104
AVENTURA, FL 33180 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: 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 Statues.

SIGNATURE: CINDY SHAFFER PRES 02/07/2012

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