

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127064

FILED
Apr 11, 2011
Secretary of State

Entity Name: PINES CARE MEDICAL CENTER, LLC.

Current Principal Place of Business:

10021 PINES BLVD
SUITE # 210
PEMBROKE PINES, FL 33024

New Principal Place of Business:

301 NW 103 AVENUE
SUITE # 235
PEMBROKE PINES, FL 33026

Current Mailing Address:

P.O. BOX 279425
PEMBROKE PINES, FL 33027

New Mailing Address:

P.O. BOX 279333
MIRAMAR, FL 33027

FEI Number: 27-4239402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYA, JAYNIER
15761 SW 59 TERRACE
MIAMI, FL 33193 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: MOYA, JAYNIER
Address: 15761 SW 59 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: MGR
Name: CARDENAS, SANTIAGO
Address: 135 E 9 STREET, SUITE # 4
City-St-Zip: HIALEAH, FL 33010

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: JAYNIER MOYA

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04/11/2011

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