

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127064

**FILED**  
**May 19, 2012**  
**Secretary of State**

**Entity Name:** PINES CARE MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 279333  
MIRAMAR, FL 33027

**New Mailing Address:**

**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

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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05/19/2012

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