

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000036129

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** SANITAS MEDICAL AND DENTAL INSTITUTE, LLC

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

747 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 45-1225927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESPINOSA, MARIA CARIDAD  
747 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134 US

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

ALVAREZ, PABLO R  
747 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134 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: PABLO R. ALVAREZ

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALVAREZ, PABLO R  
Address: 747 PONCE DE LEON BLVD - SUITE 700  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: ALVAREZ, MARIA J  
Address: 14060 SW 39 STREET  
City-St-Zip: MIAMI, FL 33175

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: PABLO R. ALVAREZ

MGRM

02/28/2012

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