

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000064961

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CORPORACION MEDICA GL CA LLC

**Current Principal Place of Business:**

10913 NW 43 LN  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10913 NW 43 LN  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AGUIRRE, RAFAEL  
10913 NW 43 LN  
DORAL, FL 33178 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: MRS  
Name: AGUIRRE, MARIA P  
Address: 10913 NW 43 LN  
City-St-Zip: DORAL, FL 33178

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: MARIA P AGUIRRE

MRS

04/30/2012

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