

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000073443

Entity Name: MED CARE CENTERS, LLC

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

## **Current Principal Place of Business:**

7200 NE 7TH ST  
STE 120  
MIAMI, FL 33126

## **New Principal Place of Business:**

7200 NE 7TH ST  
STE 110  
MIAMI, FL 33126

## **Current Mailing Address:**

7200 NE 7TH ST  
STE 100  
MIAMI, FL 33126

## **New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FERNANDEZ, JORGE  
7200 NW 7TH ST  
STE 120  
MIAMI, FL 33126 US

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

RODRIGUEZ-DURET, RODOLFO  
7200 NW 7TH ST  
STE 100  
MIAMI, FL 33126 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: RODOLFO RODRIGUEZ-DURET

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RODRIGUEZ-DURET, RODOLFO  
Address: 7200 NW 7TH ST STE 100  
City-St-Zip: MIAMI, FL 33126

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: RODOLFO RODRIGUEZ

MGRM

04/30/2012

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