

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000096368

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

**Entity Name:** REJUVENATE HEALTH CARE CENTER, LLC

**Current Principal Place of Business:**

3966 N.W. 167TH STREET  
MIAMI GARDENS, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

3966 N.W. 167TH STREET  
MIAMI GARDENS, FL 33054

**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:**

ALONZO, LUIS  
3900 NW 79 AVE  
STE: 102  
DORAL, FL 33166 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: MGRM  
Name: ALONZO, LUIS  
Address: 3900 NW 79 AVE STE: 102  
City-St-Zip: DORAL, FL 33166

Title: MGRM  
Name: GARCIA, AIDA  
Address: 3966 N.W. 167TH STREET  
City-St-Zip: MIAMI, FL 33054

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: LUIS ALFONZO

MGRM

04/30/2012

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