

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101694

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** SPRING MEDICAL CENTER LLC

**Current Principal Place of Business:**

3000 S.W. 3 AVE  
903  
MIAMI, FL 33129

**New Principal Place of Business:**

35 SW 114TH AVE  
#206  
MIAMI, FL 33174

**Current Mailing Address:**

3000 S.W. 3 AVE  
903  
MIAMI, FL 33129

**New Mailing Address:**

35 SW 114TH AVE  
#206  
MIAMI, FL 33174

**FEI Number:** 45-3178650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINIET, RALPH  
35 SW 114TH AVE #206  
MIAMI, FL 33174 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: P  
Name: MINIET, RALPH  
Address: 35 SW 114TH AVE #206  
City-St-Zip: MIAMI, FL 33174

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: RALPH MINIET

P

02/03/2012

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