

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105886

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** NOSTRUM MEDICAL CENTER, WESTCHESTER, LLC

**Current Principal Place of Business:**

9788 SW 24 ST  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9788 SW 24 ST  
MIAMI, FL 33165

**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:**

GEASEA, HABIB  
9788 SW 24 ST  
MIAMI, FL 33165 US

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

GEAGEA, HABIB  
9788 SW 24 ST  
MIAMI, FL 33165 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: HABIB GEAGEA

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GEAGEA, HABIB  
Address: 9788 SW 24 ST  
City-St-Zip: MIAMI, FL 33165

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: HABIB GEAGEA

MGRM

04/13/2012

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