

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028479

Entity Name: RITECARE MEDICAL CENTER, LLC

Current Principal Place of Business:

14201 S. DIXIE HIGHWAY
MIAMI, FL 33176

Current Mailing Address:

14201 S. DIXIE HIGHWAY
MIAMI, FL 33176

FEI Number: 20-1041151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOUKAR, HOSSEIN
14201 S. DIXIE HIGHWAY
MIAMI, FL 33176 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name JOUKAR, HOSSEIN
Address 14201 S. DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOSSEIN JOUKAR

MGR

04/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date