

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063684

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC3028591611**

**Entity Name:** TERRERO MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351

**Current Mailing Address:**

7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351 US

**FEI Number:** 26-0371802

**Certificate of Status Desired:** Yes

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

TERRERO, ALFREDO SR.  
7880 W OAKLAND PARK BLVD  
SUITE 301  
SUNRISE, FL 33351 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:** ALFREDO TERRERO

04/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/M.D  
Name TERRERO, ALFREDO SR.  
Address 7880 W OAKLAND PARK BLVD  
SUITE 301  
City-State-Zip: SUNRISE FL 33351

Title OFFICE MANGER/OWNER  
Name RODRIGUEZ, YAMILIS  
Address 7880 W OAKLAND PARK BLVD  
SUITE 301  
City-State-Zip: SUNRISE FL 33351

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALFREDO TERRERO

OWNER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date