2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2013
Secretary of State
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Entity Name: IVO FACCA PARKINSON CENTER, LLC

Current Principal Place of Business:

2735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

2735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 61-1549334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FACCA, ALICIA G
5141 N.W. 105 COURT
MIAMI, FL 33178 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	MGRM
Name	FACCA, ALICIA G
Address	5141 N.W. 105 COURT
City-State-Zip:	MIAMI FL 33178

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: ALICIA FACCA MANAGER 04/09/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date