

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000055928

Entity Name: NOSTRUM MEDICAL CENTER, HOMESTEAD, LLC

Current Principal Place of Business:

1235 N KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

1235 N KROME AVE
HOMESTEAD, FL 33030 US

FEI Number: 45-2211559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACOSTA, NILDA RMD
1235 N KROME AVE
HOMESTEAD, FL 33030 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 ACOSTA, NILDA RMD
Address 1235 N KROME AVE
City-State-Zip: HOMESTEAD FL 33030

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: NILDA ACOSTA

MGRM

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date