

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075573

**Entity Name:** WESTLAND SOUTH MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

704 SW 68TH AVE  
MIAMI, FL 33144

**Current Mailing Address:**

7841 NW 32 ST  
DORAL, FL 33122 US

**FEI Number:** 51-0519332

**Certificate of Status Desired:** No

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

PEREZ, CARLOS  
704 SW 68 AVE  
MIAMI, FL 33144 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:** CARLOS PEREZ

04/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PEREZ, CARLOS  
Address 704 SW 68TH AVE  
City-State-Zip: MIAMI FL 33144

*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:** CARLOS PEREZ

MANAGER

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date