

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000060872

Entity Name: LITTLE HAITI MEDICAL CENTER LLC

Current Principal Place of Business:

5932 NE 2 AVE
MIAMI, FL 33137

Current Mailing Address:

5932 NE 2 AVE
MIAMI, FL 33137 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORVAL, HERBY
5932 NE 2 AVE
MIAMI, FL 33137 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	Title	MGRM
Name	VOLTAIRE, NELSON	Name	DORVAL, JULINA T
Address	5932 NE 2 AVE	Address	5932 NE 2 AVE
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

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: NELSON VOLTAIRE

MGR

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date