

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000155840

Entity Name: ALEDRA HEALTHCARE LLC**Current Principal Place of Business:**625 SW 46TH AVE
MIAMI, FL 33134**Current Mailing Address:**625 SW 46TH AVE
MIAMI, FL 33134**FEI Number:** 46-4048447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEPULVEDA, RAFAEL
625 SW 46TH AVE
MIAMI, FL 33134 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:** RAFAEL SEPULVEDA

03/20/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	MEZERHANE, EDWARD
Address	5733 DEVONSHIRE BLVD
City-State-Zip:	MIAMI FL 33155

Title	MGR
Name	ABREU, ALEXANDRE R
Address	2022 NE 121ST RD
City-State-Zip:	NORTH MIAMI FL 33181

Title	MGR
Name	SEPULVEDA, RAFAEL
Address	625 SW 46TH AVE
City-State-Zip:	MIAMI FL 33134

Title	MGR
Name	AHOUBIM, DANIEL
Address	20801 BISCAYNE BLVD 403
City-State-Zip:	MIAMI FL 33139

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: EDWARD MEZERHANE

MGR

03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date