File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<u>subjec</u>	t to a \$ 40	20100 BL - E - E E					_			
ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			98	Falls PAPR 13		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee								n en	en i igr	31
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address DOCLIMENT #							TALL	Aliassei	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	17
of Limited Liability Company DOCUMENT # L9700001109										MUA
CHILDREN'S MEDICAL GROUP IPA, L.C. 3100 S.W. 62 AVENUE MIAMI FL 33155							1a. Principal Place of Business Address 3100 S.W. 62 AVENUE MIAMI FL 33155			
2. Principal Place of Business 2s. Mail			2a. Maili	ing Address			3. Date Organize	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc. Suite, A			Suite, Ap	ot. #, etc.			10/06/1 4. FEI Number	997	FL	
Solor I p										Applied For
City & State City & Sta				316			65-	078297	٥	Not Applicab
Zip		Country	Zip Count		Country		5. Date of Last F			ate of Status Desire
					<u> </u>					tional Fee Required
							Name and Address of New Registered Agent/Office			
	/. Name	and Address of Current	nagistarad	Agent			Name and Address	s of New Regis	tered Agen	t/Office
3100	MANE, J	EFFREY B M.I 2 AVENUE	•	дден		Name	P.O. Box Number I	• Not Accepted -04./16	ole) *4.98 5/380	
9. Pursue its registe as registe	MANE, J S.W. 6 FL 33 ant to the provisited office or registed office or registed agent, and	EFFREY B M.I 2 AVENUE	nd 608.508,	Fiorida Statutes	s, the abo	Name Street Address (F Sulte, Apt. #, etc. City ove-named limited	P.O. Box Number I	Not Acceptable 104/16 ***** FL Jobains this state y of the member	4 913 /38(88 75 Zip Code	01050022 ****188.7
9. Pursue	MANE, J S.W. 6 FL 33 ant to the provisited office or registed office or registed agent, and	EFFREY B M. I 2 AVENUE 155	nd 608.508, State of Fior	, Florida Statutes rida. Such chang	e was au	Name Street Address (F Sulte, Apt. #, etc. City ove-named limited thorized by affirma	P.O. Box Number I	Not Acceptable O 4/16 **** FL	4 913 /38(88 75 Zip Code	01050022 ****188.7
9. Pursue its registe as registe	MANE, J S.W. 6 FL 33 ant to the provisited office or registed agent, and	EFFREY B M. I 2 AVENUE 155	nd 608.508, State of Flor	, Florida Statutes rida. Such chang	e was au	Name Street Address (F Sulte, Apt. #, etc. City ove-named limited thorized by affirma	P.O. Box Number I	Not Acceptate 1012 104/16 ******* FL Jobalts this state y of the member	4 913 /38(88 75 Zip Code	01050022 ****188.7 e purpose of changin ccept the appointme
9. Pursue its registe as registe SIGNATU	MANE, J S.W. 6 FL 33 ant to the provisited office or registed agent, and RE Mar	EFFREY B M. I 2 AVENUE 155 Jons of Sections 608.416 a stered agent, or both, in the accept the obligations. (Registered Agent Accepting Amaging Members/Managers N, ENRIQUE	nd 608.508, State of Flor	Florida Statutes rida. Such chang	ne was au ni signature Busines W .	Street Address (F Sulte, Apt. #, etc. City ove-named limited thorized by affirma required when reinstaling is Street Address 62 AVENU	ilability company setive vote of a majorit	FL OATE City.	ole) 4 93 5/38-(88 75 Zip Code ment for the s. I hereby a	01050022 ****188.7 e purpose of changin ccept the appointme
9. Pursus its registe as registe SIGNATU	MANE, J S.W. 6 FL 33 ant to the provisited office or registed agent, and RE Mar	EFFREY B M. I 2 AVENUE 1 5 5 Johns of Sections 608.416 a stered agent, or both, in the accept the obligations. (Registered Agent Accepting Amaging Members/Managers	nd 608.508, State of Flor	Florida Statutes rida. Such chang	ne was au ni signature Busines W .	Name Street Address (F Sulte, Apt. #, etc. City ove-named limited thorized by affirma required when reinstaling is Street Address	ilability company setive vote of a majorit	Not Acceptable 104/16 ***** FL Jobrits this state y of the member	ole) 4 93 -(2) 2 2 p Code ment for the s. I hereby a	D1050022 ****188 7 s purpose of changing composition appointment
9. Pursue its registe as registe SIGNATU	MANE, J S.W. 6 S.W. 6 FL 33 Ant to the provise red office or regired agent, and RE Mar ESCALO HOWARD MELNIC	EFFREY B M. I 2 AVENUE 155 Jons of Sections 608.416 a stered agent, or both, in the accept the obligations. (Registered Agent Accepting Amaging Members/Managers N, ENRIQUE	nd 608.508, State of Fior	Florida Statutes rida. Such chang	e was au	Street Address (F Sulte, Apt. #, etc. City ove-named limited thorized by affirmates Street Address 62 AVENU 62 AVENU	iiability company stive vote of a majorit	FL OATE City.	State and	D10503—022 ***188.7 a purpose of changin occept the appointment

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 in Block 10, or on an attachment with an address.

3100 S.W. 62 AVENUE

SIGNATURE:

TIROTTA, CHRISTOPHER

MGR

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/1/18

MIAMI FL

305-663- 8417

33155