

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000843

**Entity Name:** MIAMI INTERNATIONAL DIAGNOSTICS, LLLP

**Current Principal Place of Business:**

160 NW 170TH STREET  
NORTH MIAMI, FL 33169

**Current Mailing Address:**

PO BOX 530543  
MIAMI SHORES, FL 33153

**FEI Number: 26-3612601**

**Certificate of Status Desired: No**

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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

**General Partner Detail :**

Document #

Name GROPPER, ADAM

Address PO BOX 530543

City-State-Zip: MIAMI SHORES FL 33153

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADAM GROPPER, MD**

**MGR**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date