

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16000000041

**Entity Name:** CC MEDICAL INVESTMENTS LLLP

**Current Principal Place of Business:**

1031 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1031 NORTH MIAMI BEACH BLVD.  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 81-1136036

**Certificate of Status Desired:** No

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

STERLING BUSINESS LAW  
2665 S. BAYSHORE DRIVE  
PENTHOUSE 2B  
MIAMI, FL 33133 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 # L16000006906  
Name CC MEDICAL INVESTMENT MANAGER  
LLC  
Address 1031 NORTH MIAMI BEACH BLVD.  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** JAY NEWMARK \_\_\_\_\_

MANAGER

03/01/2017

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date