

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020853

**Entity Name:** BEATRICE HECKER MD, LLC

**Current Principal Place of Business:**

8955 SW 87TH COURT  
SUITE 115  
MIAMI, FL 33176-4741

**Current Mailing Address:**

3225 AVIATION AVE  
SUITE 700  
MIAMI, FL 33133-4741

**FEI Number:** 54-2129332

**Certificate of Status Desired:** No

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

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE 500  
MIAMI, FL 33133-4741 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 AUTHORIZED MEMBER  
Name VITALMD GROUP HOLDING LLC  
Address 3225 AVIATION AVE STE 700  
City-State-Zip: MIAMI FL 33133

*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:** KYLIE WAGENET \_\_\_\_\_

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date