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.

MGRM

SIGNATURE: PEREZ ALILENI

City-State-Zip: DAVIE FL 33325

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE	E: HUMBERTO A LAZO			03/17/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	PEREZ, ALILENI	Name	ARRIBAS, MONICA	
Address	14190 SW 24TH ST	Address	14190 SW	
City-State-Zip:	DAVIE FL 33325	City Chata Zing	24TH ST DAVIE FL 33325	
		City-State-Zip:		
Title	MG			
Name	PEREZ, EDUARDO J			
Address	14190 SW 24TH ST			

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.

Name and Address of Current Registered Agent:

LAZO, HUMBERTO A 14190 SW 24TH ST DAVIE, FL 33325 US

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054864

Entity Name: SERVICE & MEDICAL INTERNATIONAL, LLC

Current Principal Place of Business:

14190 SW 24TH ST DAVIE, FL 33325

Current Mailing Address:

14190 SW 24TH ST DAVIE, FL 33325 US

FEI Number: 20-1416766

Certificate of Status Desired: No

03/17/2017

FILED Mar 17, 2017 Secretary of State CC8083235573

Date