

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101822

Entity Name: GREENLIGHT MEDICAL OFFICES, LLC

Current Principal Place of Business:

351 NW LEJEUNE RD
502
MIAMI, FL 33126

Current Mailing Address:

351 NW LEJEUNE RD
502
MIAMI, FL 33126 US

FEI Number: 20-3661900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDROZO, ALEJANDRO III
351 NW LEJEUNE RD
502
MIAMI, FL 33126 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 MGR
Name PEDROZO, ALEJANDRO III
Address 351 NW LEJEUNE RD SUITE 502
City-State-Zip: MIAMI FL 33126

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: ALEJANDRO PEDROZO

OWNER

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date