

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052843

**Entity Name:** NEWQUEST MANAGEMENT OF FLORIDA, LLC

**Current Principal Place of Business:**

8600 NW 41ST STREET  
SUITE 201  
DORAL, FL 33166

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC6930298849**

**Current Mailing Address:**

8600 NW 41ST STREET  
SUITE 201  
DORAL, FL 33166 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            MEMBER  
Name            NEWQUEST, LLC  
Address        530 GREAT CIRCLE ROAD  
City-State-Zip: NASHVILLE TN 37228

*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: NEWQUEST, LLC**

**MEMBER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date