

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063253

**Entity Name:** FENIX MEDICAL PARTNERS, LLC

**Current Principal Place of Business:**

2695 LEJEUNE ROAD  
SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2695 LEJEUNE ROAD  
SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-5082522

**Certificate of Status Desired:** Yes

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

ARANA, JULIAN F. M.D.  
2695 LE JEUNE ROAD  
SUITE 300  
CORAL GABLES, FL 33134 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:** JULIAN F. ARANA, M.D.

01/26/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name IGLESIAS, ROLANDO M.D.  
Address 2695 LEJEUNE ROAD  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ARANA, JULIAN F. M.D.  
Address 2695 LEJEUNE ROAD  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIAN F. ARANA, M.D.

**MEMBER MGR.**

01/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date