

**2019 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:** No

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

GBBPL REGISTERED AGENTS LLC  
901 PONCE DE LEON BLVD  
SUITE 303  
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:** DALE S BERGMAN

04/01/2019

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

Title MGR  
Name RUBIO, EDUARDO CFO  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO RUBIO

MGR

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date