

2016 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:

GUTIERREZ, JORGE ESQ.
100 ALMERIA AVENUE
SUITE 340
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: JORGE GUTIERREZ

01/22/2016

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

CFO/PARTNER

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date