

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070101

Entity Name: FAITH MEDICAL INSTITUTE LLC

Current Principal Place of Business:

2040 NE 163RD STREET
SUITE 101
N. MIAMI BEACH, FL 33162

Current Mailing Address:

18301 NW 2ND COURT
MIAMI, FL 33169

FEI Number: 14-2003105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DALLAS, BASIL L
18301 N.W. 2ND CT.
MIAMI, FL 33169 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 MGRM
Name DACOSTA-DALLAS, MARGARET
Address 18301 NW 2ND CT.
City-State-Zip: MIAMI FL 33169

Title MGRM
Name DALLAS, BASIL MGRM
Address 18301 NW 2 COURT
City-State-Zip: MIAMI GARDENS FL 33169

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: BASIL DALLAS

MGRM

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date