

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094232

Entity Name: 1100 MEDICAL ARTS PLAZA, LLC**Current Principal Place of Business:**1100 SW 57 AVENUE
SUITE 101
WEST MIAMI, FL 33144**Current Mailing Address:**1100 SW 57 AVENUE
SUITE 101
WEST MIAMI, FL 33144 US**FEI Number:** 75-3253524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD
SUITE 1225
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MGRM
Name RODRIGUEZ, WILLIAM
Address 1100 SW 57 AVENUE SUITE 101
City-State-Zip: WEST MIAMI FL 33144

Title MGRM
Name SIXTO-RODRIGUEZ, SUSANA
Address 1100 SW 57 AVENUE SUITE 101
City-State-Zip: WEST MIAMI FL 33144

Title MGRM
Name AMJAD, IBRAHIM
Address 1100 SW 57 AVENUE PH1
City-State-Zip: WEST MIAMI FL 33144

Title MGRM
Name MASRI, NIDAL
Address 1100 SW 57 AVENUE SUITE 100
City-State-Zip: WEST MIAMI FL 33144

Title MGRM
Name BROUDO, MARK
Address 1100 SW 57 AVENUE SUITE 100
City-State-Zip: WEST MIAMI FL 33144

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: WILLIAM RODRIGUERODRIGUEZ , WILLIAM

MANAGER

02/25/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date