

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000053298

Entity Name: MIRAMAR MEDICAL COMPLEX, LLC

Current Principal Place of Business:

2529 ROYAL PALM WAY
WESTON, FL 33327

Current Mailing Address:

2529 ROYAL PALM WAY
WESTON, FL 33327 US

FEI Number: 26-2707701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAAVEDRA, JOSE A
5975 SUNSET DRIVE
SUITE 504
MIAMI, FL 33143 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 MGR
Name DASILVA, LEONARDO
Address 7371 ZURICH CIRCLE
City-State-Zip: LAKE WORTH FL 33467

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: LEONARDO DASILVA _____

MANAGER

09/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date