that my name appears above, or on an attachment with all other like empowered. 04/20/2017 MANAGER

SIGNATURE: PATRICIA GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L08000053298

Entity Name: MIRAMAR MEDICAL COMPLEX, LLC

Current Principal Place of Business:

10485 NW 37TH TERRACE MIAMI, FL 33178

Current Mailing Address:

10485 NW 37TH TERRACE MIAMI, FL 33178 US

FEI Number: 26-2707701

Name and Address of Current Registered Agent:

AZAN, REINALDO 1005 SW 87TH AVE MIAMI, FL 33174 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	: REINALDO AZAN			04/20/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	PRESIDENT, SECRETARY	
Name	GOMEZ, PATRICIA	Name	MOURAD, WILSON	
Address	10485 NW 37TH TERRACE	Address	10485 NW 37TH TERRACE	
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	MIAMI FL 33178	
Address	10485 NW 37TH TERRACE	Address	10485 NW 37TH TERRACE	

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

Date

FILED Apr 20, 2017 Secretary of State CC5946125143

Certificate of Status Desired: No