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: RAMON CARRILLO

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Authorized Terson(S) Detail .			
Title	MGR	Title	MGR
Name	CARRILLO, RAMON M.D.	Name	GONZALEZ, RAYDA N.P.
Address	3181 CORAL WAY 4TH FLOOR	Address	3181 CORAL WAY 4TH FLOOR
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

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.

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0900006464

Entity Name: MIAMI DADE PRIMARY CARE, LLC

## **Current Principal Place of Business:**

3181 CORAL WAY 4TH FLOOR 4TH FLOOR MIAMI, FL 33145

## **Current Mailing Address:**

3181 CORAL WAY 4TH FLOOR 4TH FLOOR MIAMI, FL 33145

## FEI Number: 26-4097717

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SACHER, CHARLES P 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134 US

SIGNATURE:

MGR

Certificate of Status Desired: Yes

01/08/2014

Date

FILED			
Jan 08, 2014			
Secretary of State			
CC6129391063			

Date