Electronic Signature of Registered Agent

SACHER, CHARLES P 2655 LEJEUNE ROAD, SUITE 1101 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:

IATURE.

 Authorized Person(s) Detail :

 Title
 MGR

 Name
 CARRILLO, RAMON M.D.

 Address
 3181 CORAL WAY 4TH FLOOR

 Address
 3181 CORAL WAY 4TH FLOOR

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.

MGR

SIGNATURE: RAMON CARRILLO

Electronic Signature of Signing Authorized Person(s) Detail

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006464

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:

AL GABLES, FL 33134 US

Name		INAILIE	GONZALLZ, KATDAN.F.
Address	3181 CORAL WAY 4TH FLOOR	Address	3181 CORAL WAY 4TH FLOOR
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

FILED Jan 26, 2013 Secretary of State CC7113231564

Certificate of Status Desired: Yes

01/26/2013

Date