

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006464

**FILED**  
**Feb 18, 2018**  
**Secretary of State**  
**CC8877221120**

**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

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(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

*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

**MGR**

**02/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date