#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039886

Entity Name: LIBERTY HEALTH MANAGEMENT, LLC

**FILED** Jan 12, 2015 **Secretary of State** CC3374422812

# **Current Principal Place of Business:**

3250 MARY ST.

204

COCONUT GROVE, FL 33133

## **Current Mailing Address:**

3250 MARY ST.

204

COCONUT GROVE, FL 33133 US

FEI Number: 26-4779606 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORONA, NICOLE 3250 MARY ST. 204

COCONUT GROVE, FL 33133 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 MGRM Title **MANAGER** 

CORONA, NICOLE CORONA, RAMON E Name Name 3250 MARY ST. 3250 MARY ST. Address

Address

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

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.

Electronic Signature of Signing Authorized Person(s) Detail