

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006312

**Entity Name:** MCG MEDICAL CENTER GROUP, LLC.

**Current Principal Place of Business:**

1643 BRICKELL AVE  
SUITE 2304  
MIAMI, FL 33129

**Current Mailing Address:**

1643 BRICKELL AVE  
SUITE 2304  
MIAMI, FL 33129 US

**FEI Number:** 27-2809083

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JSH REGISTER AGENT SERVICES, INC.  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 2700  
MIAMI, FL 33131 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  
Name NOCERA, MARCO  
Address 1643 BRICKELL AVE SUITE 2304  
City-State-Zip: MIAMI FL 33129

*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:** MARCO NOCERA

**MANAGER**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date