**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 13, 2017**
**Secretary of State**
**CC7918405503**

DOCUMENT# L10000051325

**Entity Name:** 1ST MEDICAL, LLC

**Current Principal Place of Business:**

6601 SW 80TH ST STE 200A
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

6601 SW 80TH ST STE 200A
SOUTH MIAMI, FL 33143 US

**FEI Number: 27-2549232**

**Certificate of Status Desired:** Yes

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

RAMOS, ABEL
6601 SW 80TH ST STE 200A
SOUTH MIAMI, FL 33143 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 |
| Name | RAMOS, ABEL |
| Address | 6601 SW 80TH ST. SUITE: 200A |
| City-State-Zip: | SOUTH MIAMI FL 33143 |

*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: ABEL RAMOS DIRECTOR 01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date