2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2013
Secretary of State
CC3819409059

DOCUMENT# L10000052835

Entity Name: CORAL GABLES PHYSICIAN CARE, LLC

Current Principal Place of Business:

1635 SW 27 AVE
MIAMI, FL 33145

Current Mailing Address:

1635 SW 27 AVE
MIAMI, FL 33145

FEI Number: 27-2627519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIRSCHENSON, DAVID
1635 SW 27 AVE
MIAMI, FL 33145 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	HIRSCHENSON, DAVID
Address	16424 COLLINS AVENUE, APT. WS3A
City-State-Zip:	SUNNY ISLE BEACH FL 33160

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.

SIGNATURE: DAVID HIRSCHENSON MGRM 01/31/2013

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