

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130157

**Entity Name:** JMH INTERNAL MEDICINE SPECIALIST LLC

**Current Principal Place of Business:**

1611 NW 12TH AVE  
CENTRAL 150  
MIAMI, FL 33136

**Current Mailing Address:**

14471 BIRD ROAD  
#107  
MIAMI, FL 33175 US

**FEI Number:** 45-3811189

**Certificate of Status Desired:** No

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

GREIDYS, MALETA  
14900 SW 30TH STREET  
#278741  
MIRAMAR, FL 33027 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 RODRIGUEZ, ORLANDO D DR.  
Address 1611 NW 12TH AVE  
CENTRAL 150  
City-State-Zip: MIAMI FL 33136

*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:** ORLANDO D. RODRIGUEZ, M.D.

**MANAGER**

**04/10/2014**

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

\_\_\_\_\_  
Date