

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000009658

Entity Name: MEDAMAX MSO, LLC

Current Principal Place of Business:

12555 BISCAYNE BLVD.
SUITE 480
NORTH MIAMI, FL 33181

Current Mailing Address:

12555 BISCAYNE BLVD.
SUITE 480
NORTH MIAMI, FL 33181

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
3132 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 DORNE, ALAN
Address 12555 BISCAYNE BOULEVARD #480
City-State-Zip: NORTH MIAMI FL 33181

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: ALAN DORNE

MGR

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date