

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011912

Entity Name: MIAMI RHEUMATOLOGY, LLC.

Current Principal Place of Business:

1330 CORAL WAY
SUITE 403
MIAMI, FL 33145

Current Mailing Address:

1330 CORAL WAY
SUITE 403
MIAMI, FL 33145 US

FEI Number: 45-4355350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMBERG, REUVEN
1330 CORAL WAY
SUITE 403
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 MANAGER, PRESIDENT
Name BROMBERG, REUVEN
Address 1330 CORAL WAY
 SUITE 403
City-State-Zip: MIAMI FL 33145

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: REUVEN BROMBERG

PRESIDENT

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date