

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000051238

Entity Name: METROPOLITAN MEDICAL, LLC

Current Principal Place of Business:

815 NW 57TH AVENUE
STE. 201
MIAMI, FL 33126

Current Mailing Address:

PO BOX 262571
MIAMI, FL 33126 US

FEI Number: 46-1057269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREIRA, VANESSA A
815 NW 57TH AVENUE
STE. 201
MIAMI, FL 33126 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 MGR
Name PEREIRA, VANESSA A
Address 815 NW 57TH AVENUE
STE. 201
City-State-Zip: MIAMI FL 33126

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: VANESSA A. PEREIRA

MGR

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date