## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000118023

Entity Name: NAVARRO HEALTH SERVICES NO. 3, LLC

## **Current Principal Place of Business:**

C/O MBF HEALTHCARE PARTNERS L.P. 121 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134

# **Current Mailing Address:**

C/O MBF HEALTHCARE PARTNERS L.P. 121 ALHAMBRA PLAZA SUITE 1100 CORAL GABLES, FL 33134 US

# FEI Number: 35-2455187

### Name and Address of Current Registered Agent:

MBF HEALTHCARE PARTNERS L.P. 121 ALHAMBRA PLAZA SUITE 1100 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: JORGE RICO

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	NAVARRO SPECIALTY SERVICES, LLC
Address	C/O MBF HEALTHCARE PARTNERS L.P. 121 ALHAMBRA PLAZA SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

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: JORGE RICO

AUTHORIZED PERSON

04/30/2015

04/30/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date