

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000071703

**Entity Name:** SPECIALTY MEDICAL REVIEW, LLC

**Current Principal Place of Business:**

8323 NW 12TH STREET  
115  
MIAMI, FL 33126

**Current Mailing Address:**

8323 NW 12TH STREET  
115  
MIAMI, FL 33126

**FEI Number:** 46-2789447

**Certificate of Status Desired:** No

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

RAMM FINANCIAL & CONSULTING SERVICES, LLC  
651 WOODLAND CREEK BLVD  
KISSIMMEE, FL 34744 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 PELAYO, JOSE A  
Address 6767 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** JOSE A PELAYO

MGR

04/29/2015

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

\_\_\_\_\_  
Date