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: SAMY S. HELBAWI

Electronic Signature of Signing Authorized Person(s) Detail

<u>2014</u>	FLORIDA LI	MITED LIAB	BILITY COMP	<u>PANY ANNUA</u>	AL REPORT

DOCUMENT# L13000104426

Entity Name: HUMANA MEDICAL, LLC

Current Principal Place of Business:

1110 BRICKELL AVE STE: 400 MIAMI, FL 33131

Current Mailing Address:

1110 BRICKELL AVE STE: 400 MIAMI, FL 33131 US

FEI Number: 46-3252815

Name and Address of Current Registered Agent:

BABINO, NORKA 1110 BRICKELL AVE STE: 400 MIAMI, FL 33131 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 Authorized Person(s) Detail : Title MGRM Title MGRM Name DE SAHILI, DIMA H Name HELBAWI, SAMY S 1110 BRICKELL AVE STE: 400 Address 1110 BRICKELL AVE STE: 400 Address City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Certificate of Status Desired: No

03/10/2014

Mar 10, 2014 Secretary of State CC3361959723

FILED

MGRM

Date

Date