

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113750

**Entity Name:** SERGIO GARCIA, M.D., L.L.C.

**Current Principal Place of Business:**

8200 SW 117TH AVENUE  
STE 316  
MIAMI, FL 33183

**Current Mailing Address:**

8200 SW 117TH AVENUE  
STE 316  
MIAMI, FL 33183 US

**FEI Number:** 32-0349690

**Certificate of Status Desired:** No

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

GARCIA, SERGIO M.D.  
8200 SW 117TH AVENUE, STE 316  
MIAMI, FL 33183 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 MGRM  
Name PRIMEHEALTH PHYSICIANS, LLC  
Address 8200 SW 117TH AVENUE, STE 316  
City-State-Zip: MIAMI FL 33183

*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:** SERGIO GARCIA

**OWNER**

**03/07/2016**

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

\_\_\_\_\_  
Date