

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000137723

Entity Name: NOSTRUM MEDICAL CENTER NW, LLC

Current Principal Place of Business:

2141 NW 7TH ST
MIAMI, FL 33125

Current Mailing Address:

7480 SW 40TH STREET
SUITE 820
MIAMI, FL 33155 US

FEI Number: 46-3784939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREIRA, LAZARO
7480 SW 40THS T
STE 820
MIAMI, FL 33155 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 ACOSTA, NILDA R M.D.
Address 2141 NW 7TH ST
City-State-Zip: MIAMI FL 33125

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: NILDA R ACOSTA MD

MGRM

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date