

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000146853

**Entity Name:** CHEN NEIGHBORHOOD MEDICAL NORTH MIAMI, LLC

**Current Principal Place of Business:**

1000 PARK CENTRE BLVD  
136  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1000 PARK CENTRE BLVD  
136  
MIAMI GARDENS, FL 33169

**FEI Number: 46-3987256**

**Certificate of Status Desired: No**

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

CHEN, STEPHANIE L  
1000 PARK CENTRE BLVD  
136  
MIAMI GARDENS, FL 33169 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            AUTHORIZED REPRESENTATIVE  
Name            CHEN, STEPHANIE  
Address        1000 PARK CENTRE BLVD  
                  136  
City-State-Zip: MIAMI GARDENS FL 33169

*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: STEPHANIE CHEN**

**AUTHORIZED  
REPRESENTATIVE**

**02/04/2014**

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

\_\_\_\_\_  
Date