

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000161241

**Entity Name:** HDG MSO HMO 2, LLC

**Current Principal Place of Business:**

444 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

444 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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 THE HEALTH DIRECT GROUP, LLC  
Address 444 BRICKELL AVE, SUITE 800  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED REPRESENTATIVE  
Name JOSE, GORDO  
Address 444 BRICKELL AVE  
SUITE 800  
City-State-Zip: MIAMI FL 33131

*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 , GORDO

**BY:** MONICA GONZALEZ 05/01/2015  
**ATTORNEY IN FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date