

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164853

**Entity Name:** MAXIMUM HEALTHCARE HOLDINGS, LLC

**Current Principal Place of Business:**

782 NW 42 AVENUE  
SUITE 541  
MIAMI, FL 33126

**Current Mailing Address:**

782 NW 42 AVENUE  
SUITE 541  
MIAMI, FL 33126 US

**FEI Number:** 47-1302973

**Certificate of Status Desired:** No

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

CRAIG M. DORNE, PA  
3132 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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	MGR	Title	MGR
Name	DORNE, ALAN	Name	BEHAR, VICTOR
Address	782 NW 42 AVENUE, SUITE 541	Address	782 NW 42 AVENUE, SUITE 541
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

*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:** ALAN DORNE

**MANAGER**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date