

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169010

**Entity Name:** INTERNAL MEDICINE INSTITUTE OF FLORIDA, LLC

**Current Principal Place of Business:**

1321 NW 14TH STREET  
SUITE 203  
MIAMI, FL 33151

**Current Mailing Address:**

1321 NW 14TH STREET STE 203  
MIAMI, FL 33125

**FEI Number:** 80-0966322

**Certificate of Status Desired:** No

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

ABBASSI, TONY  
1321 NW 14TH STREET  
SUITE 203  
MIAMI, FL 33125 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 ABBASSI, TONY  
Address 7171 OLD CUTLER ROAD  
City-State-Zip: CORAL GABLES 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:** TONY ABBASSI

MANAGER

04/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date