

2017 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

MGRM

04/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date