

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051481

**Entity Name:** SOUTH FLORIDA MEDICAL NETWORK, LLC

**Current Principal Place of Business:**

10899 SW 72ND ST  
SUITE 203  
MIAMI, FL 33173

**Current Mailing Address:**

10899 SW 72ND ST  
SUITE 203  
MIAMI, FL 33173 US

**FEI Number:** 46-5231609

**Certificate of Status Desired:** No

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

MARTINEZ, HUGO  
10899 SW 72ND ST  
SUITE 203  
MIAMI, FL 33173 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  
Name MARTINEZ, HUGO  
Address 10899 SW 72ND ST  
SUITE 203  
City-State-Zip: MIAMI FL 33173

*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:** HUGO MARTINEZ

PS

03/23/2017

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

\_\_\_\_\_  
Date