

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000088982

**Entity Name:** KNOPF & FERRAZ MEDICAL, LLC

**Current Principal Place of Business:**

8745 SW 54TH TERRACE  
MIAMI, FL 33165

**Current Mailing Address:**

8745 SW 54TH TERRACE  
MIAMI, FL 33165

**FEI Number:** 47-3865435

**Certificate of Status Desired:** No

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

FERRAZ, CORY  
8745 SW 54TH TERRACE  
MIAMI, FL 33165 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	AMBR	Title	AMBR
Name	KNOPF, DAVID	Name	FERRAZ, CORY
Address	9481 SW 77TH COURT	Address	8745 SW 54TH TERRACE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** CORY FERRAZ

MANAGING MEMEBER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date