

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000104605

**Entity Name:** MELI ORTHOPEDIC CENTERS OF EXCELLENCE, LLC

**Current Principal Place of Business:**

3536 N FEDERAL HWY,  
STE #202  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3536 N FEDERAL HWY,  
STE #202  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 65-0213201

**Certificate of Status Desired:** No

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

COHEN, JEFFREY L  
909 SE 5TH AVE SUITE 200  
DELRAY BEACH, FL 33483 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  
Name            RWM GROUP 3 LLC  
Address        417 ROYAL PLAZA DR  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** RICHARD MELI

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date