

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000107272

Entity Name: ADVANCED CARE MONITORING, LLC

Current Principal Place of Business:

680 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

Current Mailing Address:

680 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

FEI Number: 47-2077040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, MARLOW DR
680 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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 MGMB
Name HERNANDEZ, MARLOW DO MPH
Address 680 N UNIVERSITY DRIVE
City-State-Zip: PEMBROKE PINES FL 33024

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: MARLOW HERNANDEZ

MGMB

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date