

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000114804

**Entity Name:** INTERNATIONAL URGENT CARE & MINIMALLY INVASIVE SURGERY CENTER, LLC

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC3144946659**

**Current Principal Place of Business:**

6515 COLLINS AVENUE  
UNIT 1807  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

P O BOX 190844  
MIAMI BEACH, FL 33139 US

**FEI Number: 32-0445467**

**Certificate of Status Desired: No**

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

ALLAN KOLTUN CPA PA  
1900 N BAYSHORE DRIVE  
1A  
MIAMI, FL 33132 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 FAZILAT, BAHAREH MD  
Address 6515 COLLINS AVENUE UNIT 1807  
City-State-Zip: MIAMI BEACH FL 33141

*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: FAZILAT , BAHAREH , MD**

**MNGR**

**02/18/2015**

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

\_\_\_\_\_  
Date