

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000173578

**Entity Name:** MEDCOM COACHING AND DEVELOPMENT SERVICES, L.L.C.

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC3142915735**

**Current Principal Place of Business:**

1501 VENERA AVENUE  
SUITE 200  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1501 VENERA AVENUE  
SUITE 200  
CORAL GABLES, FL 33146

**FEI Number: 36-4799245**

**Certificate of Status Desired: No**

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

ZERPA, MONICA M  
500 BRICKELL AVE  
# 702  
MIAMI, FL 33131 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: MONICA ZERPA**

**01/14/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZERPA MARTIN, MONICA M  
Address 500 BRICKELL AVENUE, SUITE 702E  
City-State-Zip: MIAMI FL 33131

*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: MONICA M ZERPA MARTIN**

**MGR**

**01/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date