

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174147

**Entity Name:** CIUDADELA SALUD SA LLC**Current Principal Place of Business:**9737 NW 41 STREET  
SUITE 553  
DORAL, FL 33178**Current Mailing Address:**9737 NW 41 STREET  
SUITE 553  
DORAL, FL 33178 US**FEI Number:** 47-2301900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMOT CONSULTING LLC  
9737 NW 41 STREET  
SUITE 553  
DORAL, FL 33178 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:** JOAQUIN ENRIQUE TOMAS DE LA VEGA

03/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CIUDADELA SALUD SA  
Address CARRERA 14 NO 83 26-32 OFICINA 109  
City-State-Zip: BOGOTA DC 57

Title MGT  
Name RANGEL ANGARITA, JORGE ALBERTO  
Address CARRERA 5 NO 71-25  
City-State-Zip: BOGOTA DC 57

Title MGR  
Name URIBE VELEZ, CARLOS NICOLAS  
Address CARRERA 19 A NO 90-13 OFICINA 501B  
City-State-Zip: BOGOTA DC 57

Title MGR  
Name MURGUEITIO RESTREPO, JENARO  
Address CARRERA 14 NO 83 26-32 OFICINA 109  
City-State-Zip: BOGOTA DC 57

Title MGR  
Name DIDOMENICO ASTI, MARIAANTONIETA  
Address CARRERA 7, C NO 129-81 APT 204 B  
City-State-Zip: BOGOTA DC 57

Title AR  
Name CAMPO, ALONSO  
Address 9737 NW 41 STREET SUITE 553  
City-State-Zip: DORAL FL 33178

*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:** ALONSO CAMPO

AR

03/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date