

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000169469

**Entity Name:** CAY MEDICAL HOLDINGS, LLC

**Current Principal Place of Business:**

20801 BISCAYNE BLVD., SUITE 456  
MIAMI, FL 33180

**Current Mailing Address:**

20801 BISCAYNE BLVD., SUITE 456  
MIAMI, FL 33180

**FEI Number:** 81-3812854

**Certificate of Status Desired:** No

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

NAN II, INC.  
20801 BISCAYNE BLVD., SUITE 456  
MIAMI, FL 33180 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	Title	MGR
Name	COLLINS, KEITH M.D.	Name	BALDWIN IV, ROBERT A
Address	20801 BISCAYNE BLVD., SUITE 456	Address	359 OLD SIB ROAD
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	RIDGEFIELD CT 06877

*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:** KEITH COLLINS, M.D.

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date