

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000171150

**Entity Name:** UNITED AMERICAN MEDICAL CENTER, LLC

**Current Principal Place of Business:**

3485 W FLAGLER ST  
SUITE 300  
MIAMI, FL 33135

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC8560476982**

**Current Mailing Address:**

3485 W FLAGLER ST  
SUITE 300  
MIAMI, FL 33135 US

**FEI Number: 81-3873233**

**Certificate of Status Desired: No**

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

COLOMA, MARIA M  
6326 SW 14 STREET  
MIAMI, FL 33144 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	COLOMA, MARIA M	Name	COLOMA, LIDIA
Address	6326 SW 14 STREET	Address	14830 SW 80 ST
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33193

*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: LIDIA COLOMA**

**MGR**

**02/28/2018**

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

\_\_\_\_\_  
Date