

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000075885

Entity Name: AEGIS INTEGRATED MEDICAL MANAGEMENT SERVICES LLC.

Current Principal Place of Business:

3520 ROCKERMAN ROAD
MIAMI, FL 33133

Current Mailing Address:

3520 ROCKERMAN ROAD
MIAMI, FL 33133 US

FEI Number: 01-0000000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANUEL ALONSO-POCH, P.A.
3520 ROCKERMAN ROAD
MIAMI, FL 33133 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 ALONSO-POCH, MANUEL
Address 3520 ROCKERMAN ROAD
City-State-Zip: MIAMI FL 33133

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: MANUEL ALONSO-POCH

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date