

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000000050

**Entity Name:** MEDCP AVIATION, LLC

**Current Principal Place of Business:**

2333 PONCE DE LEON BLVD  
SUITE 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2333 PONCE DE LEON BLVD  
SUITE 900  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-4115609

**Certificate of Status Desired:** No

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

UNITED STATES REGISTERED AGENTS, INC.  
420 S. DIXIE HIGHWAY  
SUITE 4B  
CORAL GABLES , FL 33146 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:** JOHN L HOFMANN

02/07/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MEDINA, MANUEL D  
Address 2333 PONCE DE LEON BLVD  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

*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 D MEDINA

MEMBER

02/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date