

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000007520

**Entity Name:** MEDPARTNERS HIM, LLC**Current Principal Place of Business:**302 KNIGHTS RUN AVENUE, SUITE 1025  
TAMPA, FL 33602**Current Mailing Address:**5810 CORAL RIDGE DRIVE  
SUITE 250  
CORAL SPRINGS, FL 33602 US**FEI Number:** 47-2059791**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** ROBERT BRADLEY

02/22/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	BRADLEY, ROBERT
Address	302 KNIGHTS RUN AVENUE, SUITE 1025
City-State-Zip:	TAMPA FL 33602

Title	CEO
Name	WILHELM, MARCI
Address	302 KNIGHTS RUN AVENUE, SUITE 1025
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	KATZ, HARRIS
Address	302 KNIGHTS RUN AVENUE, SUITE 1025
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	SCUTERO, VITO
Address	302 KNIGHTS RUN AVENUE, SUITE 1025
City-State-Zip:	TAMPA FL 33602

*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:** VITO SCUTERO

VP

02/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date