

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011275

Entity Name: ESPAILLAT MEDICAL SERVICES, L.L.C.

Current Principal Place of Business:

8370 WEST FLAGLER
SUITE 110-A
MIAMI, FL 33144

Current Mailing Address:

PO BOX 310395
MIAMI, FL 33231 03

FEI Number: 20-4102837

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OVIEDO, ALFONSO EESQ
8370 WEST FLAGLER STREET
110
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 MGRM
Name ESPAILLAT, ALEJANDRO MD
Address 8370 WEST FLAGLER STREET
SUITE 110-A
City-State-Zip: MIAMI FL 33144

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO ESPAILLAT

MANAGER

02/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date