

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014135

**Entity Name:** MIAMI MEDICAL PROPERTIES LLC

**Current Principal Place of Business:**

6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143

**Current Mailing Address:**

6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143

**FEI Number:** 20-5381248

**Certificate of Status Desired:** No

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

SHELDON, ERIC  
6141 SUNSET DR  
SUITE 501  
MIAMI, FL 33143 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 SHELDON, ERIC  
Address 6141 SUNSET DR SUITE 501  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name PACHON, JAIME  
Address 6141 SUNSET DR SUITE 501  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name PACHON, ELAINE  
Address 6141 SUNSET DR SUITE 501  
City-State-Zip: MIAMI FL 33143

*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:** ERIC SHELDON

**REGISTERED AGENT**

**02/26/2017**

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

\_\_\_\_\_  
Date