

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111108

**Entity Name:** CORAL GABLES EXECUTIVE PHYSICIANS, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY  
101  
CORAL GABLES, FL 33134

**Current Mailing Address:**

550 BILTMORE WAY  
101  
CORAL GABLES, FL 33134

**FEI Number:** 20-5861200

**Certificate of Status Desired:** No

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

GUTIERREZ, NICOLAS JESQ.  
1528 PALERMO AVE  
CORAL GABLES, FL 33134 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 THOMAS, ROBERT DR.  
Address 550 BILTMORE WAY STE. 101  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name THOMAS, ERIS  
Address 550 BILTMORE WAY  
101  
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:** ROBERT THOMAS

MGRM

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date