

2013 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

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: ROBERT THOMAS

MGRM

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date