

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080713

Entity Name: MIAMI HEALTH DISTRICT RI, LLC

Current Principal Place of Business:

2999 NE 191ST STREET
STE 800
AVENTURA, FL 33180

Current Mailing Address:

2999 NE 191ST STREET
STE 800
AVENTURA, FL 33180 US

FEI Number: 26-0829840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC
1200 SOUTH PINE ISLAND ROAD
MIAMI, 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MRG
Name FINVARB, ROBERT
Address 2999 NE 191ST STREET
STE 800
City-State-Zip: AVENTURA FL 33180

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 FINVARB

MANAGER

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date