

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080713

**Entity Name:** MIAMI HEALTH DISTRICT RI, LLC

**Current Principal Place of Business:**

1065 KANE CONCOURES, SUITE 201  
1002  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

1065 KANE CONCOURES, SUITE 201  
BAY HARBOR ISLAND, FL 33154

**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 1065 KANE CONCOURSE STE 201  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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**

**01/25/2016**

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

\_\_\_\_\_  
Date