

2017 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

MGR

01/10/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date