

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020060

Entity Name: MERCH MEDICAL CENTER, LLC

Current Principal Place of Business:

6714 W FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

6714 W FLAGLER STREET
MIAMI, FL 33144

FEI Number: 26-4365604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ, MICHEL
6714 W FLAGLER STREET
MIAMI, FL 33144 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	MGR	Title	MGRM
Name	ESCOBAR, MARITZA	Name	CHIRINO, RENE
Address	6714 W FLAGLER STREET	Address	6714 W FLAGLER STREET
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

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: MARITZA ESCOBAR

MGR

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date