#### 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.

CFO

SIGNATURE: JASON HANFORD

Electronic Signature of Signing Authorized Person(s) Detail

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000025979

### Entity Name: DADE MEDICAL COLLEGE OF HOLLYWOOD, LLC

# **Current Principal Place of Business:**

95 MERRICK WAY SUITE 700 CORAL GABLES, FL 33125

### **Current Mailing Address:**

95 MERRICK WAY SUITE 700 CORAL GABLES, FL 33125 US

## **FEI Number: NOT APPLICABLE**

## Name and Address of Current Registered Agent:

PEREZ, ERNESTO A 95 MERRICK WAY SUITE 700 CORAL GABLES, FL 33125 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	ERNESTO A PEREZ			04/28/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	CFO	
Name	PEREZ, ERNESTO A.	Name	HANFORD, JASON	
Address	95 MERRICK WAY SUITE 700	Address	95 MERRICK WAY SUITE 700	
City-State-Zip:	CORAL GABLES FL 33125	City-State-Zip:	CORAL GABLES FL 33125	

Certificate of Status Desired: No

04/28/2015 Date

FILED Apr 28, 2015 Secretary of State CC4935321217