

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090836

**Entity Name:** 14 14 MEDICAL GROUP, LLC

**Current Principal Place of Business:**

1235 N.W., 93 CT  
DORAL, FL 33172

**Current Mailing Address:**

1235 N.W., 93 CT  
DORAL, FL 33172

**FEI Number:** 27-0960617

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VIVAS, NELSON  
1235 N.W., 93 CT  
DORAL, FL 33172 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	MGRM	Title	MGRM
Name	VIVAS, NELSON	Name	VIVAS, MARIA E
Address	1235 N.W., 93 CT	Address	1235 N.W., 93 CT
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** MARIA E VIVAS

**MGRM**

**03/21/2014**

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

\_\_\_\_\_  
Date