

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021182

**Entity Name:** HIALEAH MEDICAL GROUP LLC

**Current Principal Place of Business:**

1205 SW 37 AVENUE  
THIRD FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

1205 SW 37 AVENUE  
THIRD FLOOR  
MIAMI, FL 33135 US

**FEI Number:** 27-2136745

**Certificate of Status Desired:** No

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

EYLERTS, KIRSTEN  
1205 SW 37 AVENUE  
3RD FLOOR  
MIAMI, FL 33135 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  
Name FLORIDA HEALTH INVESTMENTS,  
LLC  
Address 1205 SW 37 AVENUE  
THIRD FLOOR  
City-State-Zip: MIAMI FL 33135

Title MGRM  
Name FERNANDEZ, ROBERTO MD  
Address 135 WEST 49 STREET  
City-State-Zip: HIALEAH FL 33012

*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:** ROBERTO FERNANDEZ

MGRM

02/28/2014

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

\_\_\_\_\_  
Date