2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2014
Secretary of State
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Entity Name: ICON MEDICAL CENTERS, LLC

Current Principal Place of Business:

426 SW 8TH STREET, STE. 2
MIAMI, FL 33130

Current Mailing Address:

6505 NW 81ST BLVD.
GAINESVILLE, FL 32653

FEI Number: 27-3350226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCAS, DR. EDWARD
426 SW 8TH STREET, STE. 2
MIAMI, FL 33130 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
Name	LUCAS, DR. EDWARD
Address	426 SW 8TH STREET, STE. 2
City-State-Zip:	MIAMI FL 33130

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: DR. EDWARD LUCAS, MD MANAGER 01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date