

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107155

Entity Name: MIAMI GARDENS MEDICAL, P.L.

Current Principal Place of Business:

581 NW 183RD STREET
MIAMI GARDENS, FL 33317

Current Mailing Address:

12805 SW 47TH STREET
MIRAMAR, FL 33027 US

FEI Number: 27-3695775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARKE, DAYNA J. DR.
581 NW 183RD STREET
MIAMI GARDENS, FL 33317 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: DAYNA J. CLARKE, M.D.

05/01/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name CLARKE, DAYNA J. DR.
Address 581 NW 183 STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title AUTHORIZED MEMBER
Name CAMERON, JESSICA N
Address 581 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33317

Title AUTHORIZED MEMBER
Name CAMERON, MICHAEL J
Address 581 NW 183RD STREET
City-State-Zip: MIAMI GARDENS FL 33317

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: DAYNA CLARKE

PRESIDENT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date