

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000042245

Entity Name: CAREMAX MEDICAL CENTER OF HOMESTEAD, L.L.C.

Current Principal Place of Business:

833 N. HOMESTEAD BLVD.
HOMESTEAD, FL 33030

Current Mailing Address:

3400 CORAL WAY
2ND FL
MIAMI, FL 33145 US

FEI Number: 45-1563652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE VERA, JOSEPH N ESQ.
3400 CORAL WAY
2ND FLOOR
MIAMI, FL 33145 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: JOSEPH DE VERA

04/24/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CAREMAX MEDICAL GROUP, LLC
Address 3400 CORAL WAY
2ND FL
City-State-Zip: MIAMI FL 33145

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: JOSEPH DE VERA

MGR

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date