

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000060509

**Entity Name:** MEDICAL MALL OF FLORIDA, LLC

**Current Principal Place of Business:**

3595 W 20TH AVENUE  
SUITE 145  
HIALEAH, FL 33012

**Current Mailing Address:**

3595 W 20TH AVENUE  
SUITE 145  
HIALEAH, FL 33012 US

**FEI Number:** 90-0726791

**Certificate of Status Desired:** No

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

WELLS & WELLS P.A.  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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:** THOMAS O WELLS

03/17/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NECUZE, GERARDO AMGR  
Address 3595 W 20TH AVENUE STE145  
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:** GERARDO NECUZE

MGR

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date