

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000065656

Entity Name: ACCOUNTABLE CARE PROVIDER COALITION OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

7031 SW 62 AVENUE
SOUTH MIAMI, FL 33143

Current Mailing Address:

7031 SW 62 AVENUE
SOUTH MIAMI, FL 33143

FEI Number: 45-2469483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHEL, JACK DR.
5996 SW 70 ST
5TH FLOOR
SOUTH MIAMI, FL 33143 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: JACK J MICHEL

04/25/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LARKIN COMMUNITY HOSPITAL, INC.
Address 7031 SW 62 AVENUE
City-State-Zip: SOUTH MIAMI FL 33143

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK J MICHEL

PRESIDENT

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date