

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065656

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

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC3918944018**

**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**

**02/19/2015**

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

**SIGNATURE: JACK J MICHEL**

**AGENT**

**02/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date