

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000079015

Entity Name: CAREVANTAGE MEDICAL PARTNERS OF MIAMI, LLC

Current Principal Place of Business:

4445 WEST 16TH AVE
SUITE 200
HIALEAH , FL 33012

Current Mailing Address:

4445 WEST 16TH AVE
SUITE 200
HIALEAH , FL 33012 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRANSACTION ADVISORS & CONSULTANTS, LLC
10261 SW 72ND ST
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name LAMADRID, ALBERTO
Address 4445 WEST 16TH AVE
SUITE 200
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: ALBERTO LAMADRID

MGR

10/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date