

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000079015

Entity Name: CAREVANTAGE MEDICAL PARTNERS OF MIAMI, LLC

Current Principal Place of Business:

444 BRICKELL AVE
760
MIAMI, FL 33131

FILED
Apr 30, 2014
Secretary of State
CC2311324603

Current Mailing Address:

444 BRICKELL AVE
760
MIAMI, FL 33131 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	Title	MGR
Name	THORNE, ROBERT	Name	LAMADRID, ALBERTO
Address	444 BRICKELL AVE 760	Address	444 BRICKELL AVE 760
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: ROBERT THORNE

OFFICER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date