

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000108724

Entity Name: HOMESTEAD MEDICAL PLAZA, LLC

Current Principal Place of Business:

1555 N KROME AVE
MIAMI, FL 33030

Current Mailing Address:

7360 CORAL WAY
ATTN: JOHN M KIRBY SUITE 8
MIAMI, FL 33155 US

FEI Number: 49-3241981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBOWITZ, MELVIN J
11900 BISCAYNE BLVD
STE 720
MIAMI, FL 33181 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	MGRM	Title	MGR
Name	URLICH FOX, SYLVIA TRUSTEE	Name	KIRBY, JOHN
Address	7360 CORAL WAY SUITE 8	Address	7360 CORAL WAY SUITE 8
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: JOHN KIRBY

MANAGER

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date