

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011912

**Entity Name:** MIAMI RHEUMATOLOGY, LLC.

**Current Principal Place of Business:**

715 SW 73RD AVE  
MIAMI, FL 33144

**Current Mailing Address:**

715 SW 73RD AVE  
MIAMI, FL 33144 US

**FEI Number:** 45-4355350

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROMBERG, REUVEN  
715 SW 73RD AVE  
MIAMI, FL 33144 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           MANAGER, PRESIDENT  
Name            BROMBERG, REUVEN  
Address         715 SW 73RD AVE  
City-State-Zip: MIAMI FL 33144

*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:** REUVEN BROMBERG

**PRESIDENT**

**01/13/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date