

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000051245

Entity Name: METROPOLITAN HEALTH, LLC

Current Principal Place of Business:

717 PONCE DE LEON BLVD., SUITE 216
CORAL GABLES, FL 33134

Current Mailing Address:

717 PONCE DE LEON BLVD., SUITE 216
CORAL GABLES, FL 33134

FEI Number: 46-2661386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREIRA, VANESSA A
717 PONCE DE LEON BLVD., SUITE 216
CORAL GABLES, FL 33134 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
Name PEREIRA, VANESSA A
Address 717 PONCE DE LEON BLVD., SUITE
216
City-State-Zip: CORAL GABLES FL 33134

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

SIGNATURE: VANESSA PEREIRA

MGRM

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date