

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000082794

**Entity Name:** CAREVANTAGE MEDICAL CENTERS OF MIAMI AT WESTCHESTER, LLC

**FILED  
Apr 30, 2014  
Secretary of State  
CC3859127232**

**Current Principal Place of Business:**

9100 SW 24TH STREET  
100  
MIAMI, FL 33165

**Current Mailing Address:**

444 BRICKELL AVE  
760  
MIAMI, FL 33131 US

**FEI Number: 80-0930706**

**Certificate of Status Desired: No**

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

MATZNER, GARY  
2525 PONCE DE LEON  
625  
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 MGR  
Name THORNE, ROBERT F  
Address 444 BRICKELL AVE  
760  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LAMADRID, ALBERTO  
Address 444 BRICKELL AVE  
760  
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**

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_  
Date