# that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: ONICX INVESTMENTS, LLC

Electronic Signature of Signing Authorized Person(s) Detail

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000113407

#### Entity Name: MIAMI MERCY MEDICAL CENTER DEVELOPMENT, LLC

#### **Current Principal Place of Business:**

5600 MARINER STREET SUITE 140 TAMPA, FL 33609

#### **Current Mailing Address:**

5600 MARINER STREET SUITE 140 TAMPA, FL 33609 US

#### FEI Number: 46-3585611

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

RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER, FL 33756 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

#### Authorized Person(s) Detail :

Title MGR ONICX INVESTMENTS, LLC Name 5600 MARINER ST, STE. 140 Address City-State-Zip: TAMPA FL 33609

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

MANAGER

04/12/2018 Date

#### FILED Apr 12, 2018 Secretary of State CC6040242162

Certificate of Status Desired: No

Date