

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030501

**Entity Name:** CAREVANTAGE 4445 LLC

**Current Principal Place of Business:**

4445 WEST 16TH AVENUE  
SUITE 200  
MIAMI, FL 33012

**Current Mailing Address:**

4445 WEST 16TH AVENUE  
SUITE 200  
HIALEAH, FL 33012 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MATZNER, GARY  
2800 PONCE DE LEON BLVD  
SUITE 1100  
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 LAMADRID, ALBERTO  
Address 4445 WEST 16TH AVENUE  
SUITE 200  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name CERVERA LAMADRID, ALICIA E  
Address 4445 WEST 16TH AVENUE  
SUITE 200  
City-State-Zip: HIALEAH FL 33012

*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:** LAMADRID , ALBERTO

MGR

05/01/2017

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

\_\_\_\_\_  
Date