

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049521

Entity Name: 400 MEDICAL LLC

Current Principal Place of Business:

849 NE 73RD ST.
MIAMI, FL 33138

Current Mailing Address:

849 NE 73RD ST.
MIAMI, FL 33138 US

FEI Number: 47-1707853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELL, BENJAMIN
849 NE 73RD ST
MIAMI, FL 33138 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
Name FELL, BENJAMIN
Address 849 NE 73RD ST
City-State-Zip: MIAMI FL 33138

Title MGR
Name WARD, COREY
Address 849 NE 73RD ST.
City-State-Zip: MIAMI FL 33138

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: BENJAMIN FELL

MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date