

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000084968

Entity Name: BRICKELL FAMILY MEDICINE, LLC

Current Principal Place of Business:

1757 SW 3RD AVENUE
MIAMI, FL 33129

Current Mailing Address:

3225 AVIATION AVENUE
SUITE 700
MIAMI, FL 33133 US

FEI Number: 54-2129332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YELEN, MITCH
3225 AVIATION AVENUE
SUITE 500
MIAMI, FL 33133 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 AUTHORIZED MEMBER
Name VITALMD GROUP HOLDING, LLC
Address 3225 AVIATION AVENUE, SUITE 700
City-State-Zip: MIAMI FL 33133

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: KYLIE WAGENET _____

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date