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: LUIS L RODRIGUEZ	PRESIDENT	03/20/2017		

DOCUMENT# L14000106754

### Entity Name: UNIVERSAL MEDICAL AND RESEARCH CENTER, LLC

**Current Principal Place of Business:** 

801 MONTEREY ST 101 CORAL GABLES, FL 33134

# **Current Mailing Address:**

**801 MONTEREY ST** 101 CORAL GABLES, FL 33134 US

### FEI Number: 47-1309570

### Name and Address of Current Registered Agent:

RODRIGUEZ, LUIS L 801 MONTEREY ST 101 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	LUIS RODRIGUEZ			03/20/2017
	Electronic Signature of Registered Agent			Date
Authorized I	Person(s) Detail :			
Title	AR	Title	AR	
Name	RODRIGUEZ, LUIS L	Name	GUTIERREZ, NILS	
Address	801 MONTEREY ST	Address	801 MONTEREY ST	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

# FILED Mar 20, 2017 Secretary of State CC5430266315

Certificate of Status Desired: No

Date