2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
3772333970CC

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Entity Name: MD HEALTHCARE NETWORK,LLC

Current Principal Place of Business:

4269 NW 88 AVE
SUNRISE, FL 33351

Current Mailing Address:

304 INDIAN TRACE
SUITE 636
SUNRISE, FL 33326 US

FEI Number: 47-2491779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN A
304 INDIAN TRACE
SUITE 636
WESTON, FL 33326 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	WESTERBURGER, DERWIN A
Address	304 INDIAN TRACE SUITE 636
City-State-Zip:	WESTON FL 33326

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: DERWIN WESTERBURGER DIRECTOR 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date