

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000075826

**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC4026844061**

**Entity Name:** CORAL WAY ASSOCIATES GROUP TWO LLC

**Current Principal Place of Business:**

1385 CORAL WAY  
3RD FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

1385 CORAL WAY  
3RD FLOOR  
MIAMI, FL 33145 US

**FEI Number:** 47-5343230

**Certificate of Status Desired:** No

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

HERNANDEZ, RAFAEL M MD  
1385 CORAL WAY  
3RD FLOOR  
MIAMI, FL 33145 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 HERNANDEZ, RAFAEL M MD  
Address 1385 CORAL WAY, 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name HERNANDEZ, RAFAEL JR MD  
Address 1385 CORAL WAY, 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name PEREZ, JORGE L MD  
Address 1385 CORAL WAY, 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name ALEGRET, ARMANDO M MD  
Address 1385 CORAL WAY, 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name SABATES, MARIO A MD  
Address 1385 CORAL WAY, 3RD FLOOR  
City-State-Zip: MIAMI FL 33145

*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:** RAFAEL M. HERNANDEZ MD

**PRESIDENT**

**02/08/2017**

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

\_\_\_\_\_  
Date