2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2017
Secretary of State
CC5179198202

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Entity Name: SOL MD HEALTHCARE CENTERS, LLC

Current Principal Place of Business:

2400 WEST SAMPLE ROAD
SUITE 4
POMPANO BEACH, FL 33073

Current Mailing Address:

2400 WEST SAMPLE ROAD
SUITE 4
POMPANO BEACH, FL 33073 US

FEI Number: 47-4137513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, XUNDA A MD
2400 WEST SAMPLE ROAD
SUITE 4
POMPANO BEACH, FL 33073 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	GIBSON, XUNDA A MD
Address	2400 WEST SAMPLE ROAD, SUITE 4
City-State-Zip:	POMPANO BEACH FL 33073

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: XUNDA GIBSON MGR 03/15/2017

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