

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000103148

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

PRES

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date