

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000116206

**Entity Name:** C CESARIO MEDICAL CONSULTING LLC

**Current Principal Place of Business:**

720 NORTHEAST 69TH STREET  
12W  
MIAMI, FL 33138

**Current Mailing Address:**

720 NORTHEAST 69TH STREET  
12W  
MIAMI, FL 33138 US

**FEI Number:** 47-4505822

**Certificate of Status Desired:** No

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

CORCORAN & ASSOCIATES, LLC  
9485 SW 72 STREET STE A295  
MIAMI, FL 33173 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:** MICHELLE M CORCORAN

03/20/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name CESARIO, CARLA  
Address 720 NORTHEAST 69TH STREET,  
SUITE 12W  
City-State-Zip: MIAMI FL 33138

*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:** CARLA CESARIO

MEMBER

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date