

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000006694

Entity Name: GREEN CROSS CLINIC LLC

Current Principal Place of Business:

3750 WEST 16 AVE STE 126-U
HIALEAH, FL 33012

Current Mailing Address:

3750 WEST 16 AVE STE 126-U
HIALEAH, FL 33012 US

FEI Number: 81-1108538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORIYON, MILKO R
3750 WEST 16 AVE STE 126-U
HIALEAH, FL 33012 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 AMBR
Name MORIYON, MILKO R
Address 3750 WEST 16 AVE STE 126-U
City-State-Zip: HIALEAH FL 33012

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: MILKO MORIYON

AMBR

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date