

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000031765

**Entity Name:** REDBRIDGE NETWORK & HEALTHCARE, LLC

**Current Principal Place of Business:**

1300 PONCE DE LEON BLVD SUITE 103  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1300 PONCE DE LEON BLVD SUITE 103  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-2924879

**Certificate of Status Desired:** No

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

WEIL, LAURIE  
1300 PONCE DE LEON BLVD SUITE 103  
CORAL GABLES, FL 33134 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 SANTIAGO, EDMUND  
Address 1300 PONCE DE LEON BLVD SUITE  
103  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name REDBRIDGE GROUP OF FLORIDA,  
INC.  
Address 1300 PONCE DE LEON BLVD SUITE  
103  
City-State-Zip: CORAL GABLES FL 33134

*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:** EDMUND SANTIAGO

MGR

01/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date