

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000086473

**Entity Name:** HIALEAH 49 URGENT CARE, LLC

**Current Principal Place of Business:**

4960 SW 72ND AVE  
406  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72ND AVE  
406  
MIAMI, FL 33155

**FEI Number:** 35-2565068

**Certificate of Status Desired:** No

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

ERIC J. SANCHEZ, P.A.  
4960 SW 72ND AVE  
206  
MIAMI, FL 33155 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 SANCHEZ, ERIC J  
Address 4960 SW 72ND AVE SUITE 206  
City-State-Zip: MIAMI FL 33155

Title AMBR  
Name ALARCON, VICTOR  
Address 8010 LOS PINOS BLVD.  
City-State-Zip: CORAL GABLES FL 33143

Title AMBR  
Name ARMAS, ANTHONY  
Address 3180 CORAL WAY APT.# PH205  
City-State-Zip: MIAMI FL 33145

*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:** ERIC JOEL SANCHEZ

AMBR

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date