

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114766

**Entity Name:** MELROSE INTERNAL MEDICINE LLC

**Current Principal Place of Business:**

8188 JOG RD  
205  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
WELLINGTON, FL 33414 US

**FEI Number:** 47-2865314

**Certificate of Status Desired:** No

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

BROWN, NANCY  
C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
WELLINGTON, FL 33414 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 PROVIDERS HEALTH ALLIANCE, LLC  
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MORA, MELISSA  
Address 8188 JOG RD  
205  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGR  
Name ANDERS, CHERYL  
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
City-State-Zip: WELLINGTON FL 33414

*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:** NANCY BROWN

RA

04/29/2019

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