

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000192774

Entity Name: FAMILY MEDICAL CLINIC KENDALL LLC

Current Principal Place of Business:

9000 SW 137 AVE
SUITE 111
MIAMI, FL 33186

Current Mailing Address:

9000 SW 137 AVE
SUITE 111
MIAMI, FL 33186 US

FEI Number: 81-4186224

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BESTULICH, STEPHANIE
890 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 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 RODRIGUEZ, LIZSANDRA
Address 11540 SW 156 AVE
City-State-Zip: MIAMI FL 33196

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: LIZSANDRA RODRIGUEZ

PRESIDENT

02/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date