

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000281560

**Entity Name:** SNAP HUMAN ALIGNMENT OF MIAMI BEACH, LLC

**Current Principal Place of Business:**

815 NW 57 AVENUE  
SUITE 405  
MIAMI, FL 33126

**FILED**  
**Apr 04, 2019**  
**Secretary of State**  
**7491493135CC**

**Current Mailing Address:**

815 NW 57 AVENUE  
SUITE 405  
MIAMI, FL 33126 US

**FEI Number: 35-2651290**

**Certificate of Status Desired: No**

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

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC  
815 NW 57 AVENUE  
SUITE 405  
MIAMIFL, FL 33126 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 CERECEDA, MARK C/O PHYSICIANS  
CENTRAL BUSINESS OFFICE, LLC  
Address 815 NW 57 AVENUE  
SUITE 405  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name AMODIO, VINCENT C/O PHYSICIANS  
CENTRAL BUSINESS OFFICE, LLC  
Address 815 NW 57TH AVE  
SUITE 405  
City-State-Zip: MIAMI FL 33126

*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: MARK CERECEDA**

**MGR**

**04/04/2019**

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

\_\_\_\_\_  
Date