2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2023
Secretary of State
9130202808CC

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Entity Name: MMM OF FLORIDA HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126

Current Mailing Address:

5775 BLUE LAGOON DRIVE, SUITE 450
MIAMI, FL 33126 US

FEI Number: 85-2735352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	SOLE MEMBER	Title	COO
Name	ICH INTERMEDIATE HOLDINGS I, L.P.	Name	MAZZORANA, TONY
Address	5775 BLUE LAGOON DRIVE, SUITE 450	Address	5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	PRESIDENT	Title	CFO
Name	SHUTZEN, RON	Name	CHEVANCE, CLAUDE
Address	5775 BLUE LAGOON DRIVE, SUITE 450	Address	5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	SECRETARY		
Name	KLAUSNER, PAUL		
Address	5775 BLUE LAGOON DRIVE, SUITE 450		
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: ICH INTERMEDIATE HOLDINGS I, L.P MEMBER 02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date