

2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M20000008125

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
Name ICH INTERMEDIATE HOLDINGS I, L.P.
Address 5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip: MIAMI FL 33126

Title COO
Name MAZZORANA, TONY
Address 5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip: MIAMI FL 33126

Title PRESIDENT
Name SHUTZEN, RON
Address 5775 BLUE LAGOON DRIVE, SUITE 450
City-State-Zip: MIAMI FL 33126

Title CFO
Name CHEVANCE, CLAUDE
Address 5775 BLUE LAGOON DRIVE, SUITE 450
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: RON SCHUTZEN

PRESIDENT

05/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date