

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000079560

**Entity Name:** CLEARWATER MEDICAL ALLIANCE LLC

**Current Principal Place of Business:**

6405 BISCAYNE BLVD  
3  
MIAMI, FL 33138

**Current Mailing Address:**

6405 BISCAYNE BLVD  
3  
MIAMI, FL 33138 US

**FEI Number:** 82-1164315

**Certificate of Status Desired:** No

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

BROWN, SCOT  
1438 JEFFERSON ST  
HOLLYWOOD, FL 33020 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            MEDICAL UNITED LLC  
Address        6405 BISCAYNE BLVD  
                  STE 3  
City-State-Zip: MIAMI FL 33138

*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:** IVAN FIELD

**MANAGER, AUTHORIZED    03/19/2018  
SIGNER**

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

\_\_\_\_\_  
Date