2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 27, 2017
Secretary of State
CC1760110461

DOCUMENT# A09419

Entity Name: NORTH RIDGE VA CENTER, LTD.

Current Principal Place of Business:

1565 NORTH PARK DRIVE
SUITE 102
WESTON, FL 33326-3229

Current Mailing Address:

1565 NORTH PARK DRIVE
SUITE 102
WESTON, FL 33326-3229 US

FEI Number: 59-2086112

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET.
TALLAHASSEE, FL 32301 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: CAROLINE KRIZ, ASST VP 04/27/2017

Electronic Signature of Registered Agent — Date

General Partner Detail :

Document #	554838
Name	NORTH RIDGE MEDICAL PLAZA, INC.
Address	1565 NORTH PARK DRIVE SUITE 102
City-State-Zip:	WESTON FL 33326-3229

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD K. INGLIS 04/27/2017

Electronic Signature of Signing General Partner Detail — Date