

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004777

Entity Name: LAKEVIEW HEALTH SYSTEMS, L.L.C.**Current Principal Place of Business:**1900 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216**Current Mailing Address:**1100 PARK CENTRAL BLVD SOUTH
SUITE 3400
POMPANO BEACH, FL 33064 US**FEI Number:** 65-1100767**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH 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:** RICHARD COOPER

01/31/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SERPA, ROY
Address	1100 PARK CENTRAL BLVD. SUITE 3400
City-State-Zip:	POMPANO BEACH FL 33064

Title	MGR
Name	PETERSON, HUNTER
Address	1100 PARK CENTRAL BLVD. SUITE 3400
City-State-Zip:	POMPANO BEACH FL 33069

Title	MGR
Name	BURNS, STEVEN
Address	1100 PARK CENTRAL BLVD. SUITE 3400
City-State-Zip:	POMPANO BEACH FL 33069

Title	MGR
Name	CARDWELL, JACK
Address	1100 PARK CENTRAL BLVD. SUITE 3400
City-State-Zip:	POMPANO BEACH FL 33069

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: ROY SERPA

MGR

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date