

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006589

**Entity Name:** EASTERN SHORES PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

2775 SUNNY ISLES BLVD  
118  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

2775 SUNNY ISLES BLVD  
118  
NORTH MIAMI BEACH, FL 33180

**FEI Number:** 65-1101763

**Certificate of Status Desired:** No

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

NELSON, BARRY A  
2775 SUNNY ISLES BLVD #118  
NORTH MIAMI BEACH, FL 33160 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           | MGR                              | Title           | MGR                     |
| Name            | NELSON, BARRY                    | Name            | SPRECHMAN, STEVEN       |
| Address         | 2775 SUNNY ISLES BLVD, SUITE 118 | Address         | 2775 SUNNY ISLE STE 118 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33160       | City-State-Zip: | MIAMI FL 33160          |

*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:** BARRY A. NELSON

01/12/2017

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

\_\_\_\_\_  
Date