

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001501

Entity Name: AFFINITY HEALTHCARE CENTER AT WATERFORD LAKES, P.L.

Current Principal Place of Business:

2806 NORTHAMPTON AVE
ORLANDO, FL 32828

Current Mailing Address:

2806 NORTHAMPTON AVE
ORLANDO, FL 32828 US

FEI Number: 75-2982346

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALDASARE, BRENT D.C.
2806 NORTHAMPTON AVE
ORLANDO, FL 32828 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 MGRM
Name BALDASARE, BRENT D.C.
Address 2806 NORTHAMPTON AVE
City-State-Zip: ORLANDO FL 32828

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: BRENT BALDASARE

MGR

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date