

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022108

**Entity Name:** 200 MEDICAL PLAZA, LLC

**Current Principal Place of Business:**

1050 N.W. 15TH STREET  
202A  
BOCA RATON, FL 33486

**Current Mailing Address:**

1050 N.W. 15TH STREET  
202A  
BOCA RATON, FL 33486

**FEI Number:** 20-0209432

**Certificate of Status Desired:** No

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

PLATIS, EMANUEL DMD  
1050 NW 15TH ST.  
202 A  
BOCA RATON, FL 33486 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 DR  
Name PLATIS, EMMANUEL  
Address 1050 NW 15TH STREET #202  
City-State-Zip: BOCA RATON FL 33486

*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:** EMMANUEL PLATIS

**OWNER**

**02/18/2015**

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

\_\_\_\_\_  
Date