2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2016
Secretary of State
CC3657734366

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Entity Name: PSL MEDICAL COMPLEX LLC

Current Principal Place of Business:

10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952

Current Mailing Address:

10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONIDI, FRANCIS
10377 S. US HIGHWAY 1
STE 104
PORT ST. LUCIE, FL 34952 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	CONIDI, FRANCIS
Address	10377 S. US HIGHWAY 1 SUITE 104
City-State-Zip:	PORT ST. LUCIE FL 34952

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: FRANCIS X CONIDI MGRM 04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date