

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093630

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

04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date