

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005960

**Entity Name:** GARDENS MEDICAL PAVILION, LLC

**Current Principal Place of Business:**

15601 DALLAS PARKWAY  
SUITE 600  
ADDISON, TX 75001

**Current Mailing Address:**

15601 DALLAS PARKWAY  
SUITE 600  
ADDISON, TX 75001 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 BH-AW FLORIDA MOB VENTURE, LLC  
Address 15601 DALLAS PARKWAY, SUITE 600  
City-State-Zip: ADDISON TX 75001

*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: TERRI WARREN REYNOLDS**

**SECRETARY**

**04/17/2015**

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

\_\_\_\_\_  
Date