

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033705

Entity Name: NKW-MOHS SURGERY, LLC

Current Principal Place of Business:

ATTN: DR. NOAH WEISBERG
103 REMO PLACE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

ATTN: DR. NOAH WEISBERG
103 REMO PLACE
PALM BEACH GARDENS, FL 33418

FEI Number: 26-0192841

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEISBERG, NOAH
103 REMO PL
PALM BEACH GARDENS, FL 33418 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	Title	MRS
Name	WEISBERG, NOAH	Name	WEISBERG, ALISSA
Address	103 REMO PLACE	Address	103 REMO PLACE
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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: NOAH K WEISBERG

DR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date