

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036337

**Entity Name:** KANE CONCOURSE MEDICAL OFFICES, LLC

**Current Principal Place of Business:**

1140 KANE CONCOURSE UNIT #3-1  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1140 KANE CONCOURSE UNIT #3-1  
BAY HARBOR ISLANDS, FL 33154

**FEI Number:** 26-2398518

**Certificate of Status Desired:** No

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

ZION, ROSY  
1500 SOUTH OCEAN DRIVE  
APT 3K  
HOLLYWOOD, FL 33019 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	MGRM
Name	SALZHAUER, MICHAEL	Name	SALZHAUER, EVA
Address	1140 KANE CONCOURSE UNIT #3-1	Address	1140 KANE CONCOURSE UNIT #3-1
City-State-Zip:	BAY HARBOR ISLANDS FL 33154	City-State-Zip:	BAY HARBOR ISLANDS FL 33154

*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:** MICHAEL SALZHAUER

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date