

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047569

**Entity Name:** WEST COAST MUSCULOSKELETAL INSTITUTE, P.L.

**Current Principal Place of Business:**

14555 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

14555 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**FEI Number:** 26-2419613

**Certificate of Status Desired:** Yes

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

MOYNIHAN III, EUGENE FMGR  
14555 CORTEZ BLVD  
BROOKSVILLE, FL 34613 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 DR  
Name MOYNIHAN, DANIEL P  
Address 14555 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

*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:** MOYNIHAN, DANIEL P.

**OWNER**

**02/12/2014**

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

\_\_\_\_\_  
Date