

2019 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: No

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: DANIEL MOYNIHAN

ORTHOPEDIC SURGEON 03/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date