

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092763

**Entity Name:** MARINA'S MEDICAL CENTER, LLC

**Current Principal Place of Business:**

5591 CORTEZ ROAD WEST  
BRADENTON, FL 34210

**Current Mailing Address:**

PO BOX 14520  
BRADENTON, FL 34280 US

**FEI Number: 26-3339944**

**Certificate of Status Desired: Yes**

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

JONATHAN, NARVAEZ A  
5591 CORTEZ ROAD WEST  
BRADENTON, FL 34210 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 MGR  
Name JONATHAN, NARVAEZ A  
Address PO BOX 14520  
City-State-Zip: BRADENTON FL 34280

*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: JONATHAN NARVAEZ**

**MGR**

**04/19/2019**

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

\_\_\_\_\_  
Date