

2016 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 MGRM
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

MGRM

04/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date