

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000041384

Entity Name: MARANA MEDICAL FACILITY LLC

Current Principal Place of Business:

2494 S OCEAN BLVD J7
BOCA RATON, FL 33432

Current Mailing Address:

2494 S OCEAN BLVD J7
BOCA RATON, FL 33432

FEI Number: 26-4832651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMRENY, JASON
7400 NW 49TH LANE
COCONUT CREEK, FL 33073 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 KAPLAN, IVAN
Address 2494 S OCEAN BLVD J7
City-State-Zip: BOCA RATON FL 33432

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: IVAN KAPLAN

MGRM

01/18/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date