

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057323

**Entity Name:** LIGHTHOUSE POINT OB/GYN, PLLC

**Current Principal Place of Business:**

601 EAST SAMPLE ROAD  
103  
DEERFIELD BEACH, FL 33064

**Current Mailing Address:**

2100 EAST SAMPLE ROAD  
201  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number:** 27-1910480

**Certificate of Status Desired:** No

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

CHIDIAC, ADIB A  
2100 EAST SAMPLE ROAD  
201  
LIGHTHOUSE POINT, FL 33064 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            CHIDIAC, ADIB A  
Address        2100 EAST SAMPLE ROAD  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title            SECR  
Name            GARULLI-CHIDIAC, RITA  
Address        2100 EAST SAMPLE ROAD  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** RITA GARULLI-CHIDIAC

**SECRETARY**

**03/19/2014**

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

\_\_\_\_\_  
Date