

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078721

**Entity Name:** MAINSTAY HEALTHCARE PORT ORANGE LLC

**Current Principal Place of Business:**

5578 COMMERCIAL BLVD NW  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

5578 COMMERCIAL BLVD NW  
WINTER HAVEN, FL 33880

**FEI Number:** 27-3156441

**Certificate of Status Desired:** No

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

DESROCHERS, CHRISTOPHER A  
2504 AVE G NW  
WINTER HAVEN, FL 33880 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 GARRARD, LOUIS FV  
Address 5574 COMMERCIAL BLVD NW  
City-State-Zip: WINTER HAVEN FL 33880

*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:** LOUIS F. GARRARD, V

MGR

04/30/2015

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

\_\_\_\_\_ Date