

2016 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: Yes

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 GARRARD

MANAGING MEMBER

03/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date