

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080004

Entity Name: EMERALD COAST MEMORY CLINIC, LLC

Current Principal Place of Business:

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

FEI Number: 27-3140541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHEKAOU, FARID
BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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 FARID CHEKAOU MD PA
Address BAY BREEZE NURSING & RETIREMENT CENTER
3387 GULF BREEZE PARKWAY
City-State-Zip: GULF BREEZE FL 32563

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: FARID CHEKAOU

MANAGER

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date