

**2017 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:**

CHEKAOUI, 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 CHEKAOUI 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 CHEKAOUI, M.D.

MGRM

01/22/2017

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

\_\_\_\_\_  
Date