

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131230

**Entity Name:** 195 MATTIE M. KELLY BOULEVARD OPERATIONS LLC

**Current Principal Place of Business:**

195 MATTIE M. KELLY BOULEVARD  
DESTIN, FL 32541

**Current Mailing Address:**

115 PERIMETER CENTER PLACE NE  
SUITE 600  
ATLANTA, GA 30346-1277 US

**FEI Number:** 90-0775960

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name EPSILON HEALTH CARE  
PROPERTIES, LLC  
Address 800 CONCOURSE PARKWAY SOUTH  
City-State-Zip: MAITLAND FL 32751

*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:** DANIEL E. DIAS

**OFFICER OF MEMBER**

**04/17/2017**

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

\_\_\_\_\_  
Date