

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000095286

**Entity Name:** LIBERTY HEALTH PARK, LLC

**Current Principal Place of Business:**

3401 W. CYPRESS STREET  
UNIT 101  
TAMPA, FL 33607

**Current Mailing Address:**

3401 W. CYPRESS STREET  
UNIT 101  
TAMPA, FL 33607 US

**FEI Number:** 35-2481320

**Certificate of Status Desired:** No

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

AILERON INVESTMENT MANAGEMENT, LLC  
3401 W. CYPRESS STREET  
UNIT 101  
TAMPA, FL 33607 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 BEARD, ROBERT K  
Address 3401 W. CYPRESS STREET  
UNIT 101  
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED REPRESENTATIVE  
Name BONORA, JOSEPH R  
Address 3401 W. CYPRESS STREET  
UNIT 101  
City-State-Zip: TAMPA FL 33607

*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:** JOSEPH R BONORA

**AUTHORIZED  
REPRESENTATIVE**

**03/21/2016**

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

\_\_\_\_\_  
Date