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. 04/30/2015

MANAGER

SIGNATURE: ANITA BURSTYN

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

Authorized Person(s) Detail.			
Title	MGR	Title	MGR
Name	BURSTYN, ANITA	Name	BURSTYN, SAM
Address	3201 NE 183RD ST 601	Address	3201 NE 183RD ST 601
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000133524

Entity Name: DR G OF NAPLES, LLC

Current Principal Place of Business:

3201 NE 183RD ST 601 AVENTURA, FL 33160

Current Mailing Address:

3201 NE 183RD ST 601 AVENTURA, FL 33160 US

FEI Number: 46-3705116

Name and Address of Current Registered Agent:

KAUFMAN, DANA M 1200 BRICKELL AVE 950 MIAMI, FL 33131 US

FILED Apr 30, 2015 Secretary of State CC1639838577

Certificate of Status Desired: No

Date