

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000063832

**Entity Name:** LEEWARD MEDICAL, LLC

**Current Principal Place of Business:**

600 GRAND PANAMA BLVD  
SUITE 102 & 103  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

600 GRAND PANAMA BLVD  
SUITE 102 & 103  
PANAMA CITY BEACH, FL 32407 US

**FEI Number:** 46-5468270

**Certificate of Status Desired:** Yes

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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 CFO  
Name HANDWERKER, KASEY NICOLE  
Address 600 GRAND PANAMA BLVD  
SUITE 102  
City-State-Zip: PANAMA CITY BEACH FL 32407

*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:** KASEY NICOLE HANDWERKER

CFO

01/11/2017

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

\_\_\_\_\_  
Date