

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000079238

Entity Name: MARGATE PHYSICIANS LLC

Current Principal Place of Business:

202 N STATE RD 7
MARGATE, FL 33063

Current Mailing Address:

201 N STATE ROAD 7
MARGATE, FL 33063 US

FEI Number: 45-5677572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVID M BECKERMAN PA
7000 W PALMETTO PARK ROAD
500
BOCA RATON, FL 33433 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	M	Title	T
Name	ZACK, SCOTT P	Name	YONOVER, RICHARD
Address	16907 CROWN BRIDGE DRIVE	Address	6685 MURRANO WAY
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	LAKE WORTH FL 22467

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: RICHARD YONOVER

T

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date