

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146562

Entity Name: GENESIS CRITICAL CARE ASSOCIATES, LLC

Current Principal Place of Business:

9980 CENTRAL PARK BLVD
SUITE 322
BOCA RATON, FL 33428

Current Mailing Address:

9980 CENTRAL PARK BLVD
SUITE 322
BOCA RATON, FL 33428

FEI Number: 47-2003432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA HEALTH LAW CENTER, PL
10200 W STATE RD 84
SUITE 106
DAVIE, FL 33324 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 ADELMAN, MD, MARK
Address 9980 CENTRAL PARK BLVD SUITE 322
City-State-Zip: BOCA RATON FL 33428

Title MGR
Name BARON, MD, KENNETH
Address 9980 CENTRAL PARK BLVD SUITE 322
City-State-Zip: BOCA RATON FL 33428

Title MGR
Name SCHREIBMAN, M.D., NOAH
Address 9980 CENTRAL PARK BLVD SUITE 322
City-State-Zip: BOCA RATON FL 33428

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: ADELMAN, MD, MARK

MANAGER

02/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date