

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000147110

**Entity Name:** FOUNDATIONS MEDICAL CENTER, PLLC

**Current Principal Place of Business:**

870 MACK BAYOU ROAD  
SUITE D  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

128 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 47-2256578

**Certificate of Status Desired:** No

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

CHIVERS, KYLE  
128 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459 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 CHIVERS, KYLE  
Address 128 LAKEVIEW DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** KYLE CHIVERS

**MANAGING MEMBER**

**03/23/2015**

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

\_\_\_\_\_  
Date