

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000147110

Entity Name: FOUNDATIONS MEDICAL CENTER, PLLC

Current Principal Place of Business:

4467 COMMONS DRIVE W.
SUITE F-G
DESTIN, FL 32541

Current Mailing Address:

4467 COMMONS DRIVE W.
SUITE F-G
DESTIN, FL 32541 US

FEI Number: 47-2256578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAVERS, KYLE
4467 COMMONS DRIVE W.
SUITE F-G
DESTIN, FL 32541 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 CHAVERS, KYLE
Address 4467 COMMONS DRIVE W.
SUITE F-G
City-State-Zip: DESTIN FL 32541

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 CHAVERS

MGR

04/16/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date