**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 06, 2019**
**Secretary of State**
**1020166521CC**

DOCUMENT# L14000157185

**Entity Name:** BEACHSIDE MEDICAL CENTER LLC

**Current Principal Place of Business:**

1055 N DIXIE FREEWAY
SUITE 6
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

1055 N DIXIE FREEWAY
SUITE 6
NEW SMYRNA BEACH, FL 32168 US

**FEI Number: 47-1886885**

**Certificate of Status Desired:** No

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

DOOLIN, DINA
1055 N DIXIE FREEWAY
SUITE 6
NEW SMYRNA BEACH, FL 32168 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 | Title | MANAGER |
| Name | DOOLIN, DINA | Name | PATEL, BETH |
| Address | 1055 N DIXIE FREEWAY<br>SUITE 6 | Address | 1055 N DIXIE FREEWAY<br>SUITE 6 |
| City-State-Zip: | NEW SMYRNA BEACH FL 32168 | City-State-Zip: | NEW SMYRNA BEACH FL 32168 |

*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: DINA DOOLIN, D.O. MANAGER 02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date