

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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 SUITE 6	Address	1055 N DIXIE FREEWAY 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

REGISTERED/AGENT/MA 02/11/2020
NAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date