

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000157185

Entity Name: BEACHSIDE MEDICAL CENTER LLC

Current Principal Place of Business:

187 HIBISCUS ROAD
EDGEWATER, FL 32141

Current Mailing Address:

187 HIBISCUS ROAD
EDGEWATER, FL 32141

FEI Number: 47-1886885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOOLIN, DINA
187 HIBISCUS ROAD
EDGEWATER, FL 32141 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 DOOLIN, DINA
Address 187 HIBISCUS ROAD
City-State-Zip: EDGEWATER FL 32141

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

MGR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date