2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 13, 2015
Secretary of State
CC5976480378

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Entity Name: BEACHSIDE MEDICAL CENTER LLC

Current Principal Place of Business:

187 HIBISCUS ROAD
EDGEWATER, FL 32141

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
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	Title	MANAGER
Name	DOOLIN, DINA	Name	PATEL, BETH
Address	187 HIBISCUS ROAD	Address	1055 N DIXIE FREEWAY SUITE 6
City-State-Zip:	EDGEWATER FL 32141	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 MGR 05/13/2015

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