

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000132746

**Entity Name:** LOMITA CLINICAL ASSOCIATES, LLC**Current Principal Place of Business:**3594 S. OCEAN BLVD  
APT # 402  
HIGHLAND BEACH, FL 33487**Current Mailing Address:**3594 S. OCEAN BLVD.  
APT # 402  
HIGHLAND BEACH, FL 33487 US**FEI Number:** 82-2137446**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAIKHEL, MARINA  
3594 S. OCEAN BLVD.  
APT # 402  
HIGHLAND BEACH, FL 33487 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:** MARINA RAIKHEL

04/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RAIKHEL, MARINA  
Address 3594 S. OCEAN BLVD.  
APT # 402  
City-State-Zip: HIGHLAND BEACH FL 33487

Title AMBR  
Name VAYNBERG, IDELLE I  
Address 3594 S. OCEAN BLVD.  
APT# 402  
City-State-Zip: HIGHLAND BEACH FL 33487

Title AMBR  
Name RUIZ-LOPEZ, ROZA  
Address 3594 S. OCEAN BLVD.  
APT# 402  
City-State-Zip: HIGHLAND BEACH FL 33487

Title AMBR  
Name VAYNBERG, LENA Z  
Address 3594 S. OCEAN BLVD., UNIT 402  
City-State-Zip: HIGHLAND BEACH FL 33487

Title AMBR  
Name RAIKHEL, VIOLA  
Address 3594 S. OCEAN BLVD., UNIT 402  
City-State-Zip: HIGHLAND BEACH FL 33487

*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:** MARINA RAIKHEL**DIRECTOR**

04/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date