

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000132746

Entity Name: LOMITA CLINICAL ASSOCIATES, LLC**Current Principal Place of Business:**1945 S. OCEAN DRIVE
SUITE 1109
HALLANDALE, FL 33009**Current Mailing Address:**1945 S. OCEAN DRIVE
SUITE 1109
HALLANDALE, FL 33009 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAIKHEL, MARINA
1945 S. OCEAN DRIVE
SUITE 1109
HALLANDALE, FL 33009 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

03/31/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RAIKHEL, MARINA
Address 1945 S. OCEAN DRIVE, SUITE 1109
City-State-Zip: HALLANDALE FL 33009

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

Title AMBR
Name VAYNBERG, IDELLE I
Address 1945 S. OCEAN DRIVE, SUITE 1109
City-State-Zip: HALLANDALE FL 33009

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

Title AMBR
Name RUIZ-LOPEZ, ROZA
Address 1945 S. OCEAN DRIVE, SUITE 1109
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name FRATTO, KENNETH J
Address 835 LOCUST AVE., UNIT 417
City-State-Zip: LONG BEACH CA 90813

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

MD

03/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date