

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000197021

Entity Name: LIGHTHOUSE POINT MEDICAL CENTER LLC

Current Principal Place of Business:

1821 NE 25TH STREET
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

1821 NE 25TH STREET
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 47-5645359

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOORE, MATTHEW R. DR.
1821 NE 25TH STREET
LIGHTHOUSE POINT, FL 33064 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: MATTHEW R MOORE

04/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name DAGAT ALON LLC
Address 1821 NE 25TH STREET
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title AMBR
Name NORWICH FAMILY LLC
Address 1821 NE 25TH STREET
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title AMBR
Name VIP PAIN MEDICINE, LLC
Address 1821 NE 25TH STREET
City-State-Zip: LIGHTHOUSE POINT FL 33064

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: MATTHEW R MOORE

MANAGER

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date