

**2024 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:** No

**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

02/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DAGAT ALON LLC  
Address C/O MATTHEW MOORE  
1821 NE 25TH ST, SUITE #100  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title AMBR  
Name NORWICH FAMILY LLC  
Address 1821 NE 25TH STREET  
SUITE #100  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title AMBR  
Name VIP PAIN MEDICINE, LLC  
Address 1821 NE 25TH STREET  
SUITE #100  
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

**OFFICER**

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date