

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000100634

Entity Name: WRMCABNS, LLC

Current Principal Place of Business:

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406

Current Mailing Address:

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406 US

FEI Number: 81-2890752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name WELLINGTON REGIONAL MEDICAL
CENTER, INC
Address 367 S. GULPH ROAD
City-State-Zip: KING OF PRUSSIA PA 19406

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: STEVE FILTON

VICE PRESIDENT

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date