

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000135527

Entity Name: PLANTATION MEDICAL CENTER, LLC

Current Principal Place of Business:

C/O SUMMIT MANAGEMENT GROUP OF FLORIDA, LLC
1500 5TH AVE SOUTH SUITE 111
NAPLES, FL 34102

Current Mailing Address:

C/O SUMMIT MANAGEMENT GROUP OF FLORIDA, LLC
1500 5TH AVE SOUTH SUITE 111
NAPLES, FL 34102 US

FEI Number: 36-4849365

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GFPAC SERVICES, LLC
5551 RIDGEWOOD DR STE 501
NAPLES, FL 34108 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 CFO
Name MACIVOR, THOMAS A
Address 1500 5TH AVE SOUTH
SUITE 111
City-State-Zip: NAPLES FL 34102

Title MANAGER
Name PLANTATION INVESTORS, LLC
Address C/O SUMMIT MANAGEMENT GROUP
OF FLORIDA, LLC
1500 5TH AVE SOUTH SUITE 111
City-State-Zip: NAPLES FL 34102

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: THOMAS MACIVOR

CFO

02/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date