

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000235585

**Entity Name:** 4477 MEDICAL CENTER WAY, LLC

**Current Principal Place of Business:**

1950 W HILLSBORO BLVD  
STE 201  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

P.O. BOX 4189  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 85-2576899

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
1950 W HILLSBORO BLVD  
STE 201  
DEERFIELD BEACH, FL 33442 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 MGRM  
Name SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
Address 1950 W HILLSBORO BLVD STE 201  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** SHIKARA FAMILY

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01/17/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date