

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003305

Entity Name: CONCEPT MEDICAL REALTY, L.C.

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0890511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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 KEIPPER, WARREN C
Address 8520 HAWK EYE ROAD NW
City-State-Zip: ALBUQUERQUE NM 87120

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: WARREN C. KEIPPER

MGR

02/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date