

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002306

Entity Name: NEW PORT RICHEY MEDICAL INVESTORS, LLC

Current Principal Place of Business:

3570 KEITH STREET NW
CLEVELAND, TN 37312

Current Mailing Address:

3570 KEITH STREET NW
CLEVELAND, TN 37312

FEI Number: 73-1656805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DEVELOPERS INVESTMENT
COMPANY II, INC.
Address 3570 KEITH STREET NW
City-State-Zip: CLEVELAND TN 37312

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: JOAN E. THURMOND

ASSISTANT SECRETARY 04/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date