## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005097

Entity Name: AW JFK NORTH MEDICAL ARTS, LLC

**Current Principal Place of Business:** 

11780 US HIGHWAY ONE

SUITE 305

NORTH PALM BEACH, FL 33408

**Current Mailing Address:** 

11780 US HIGHWAY ONE

SUITE 305

NORTH PALM BEACH, FL 33408 US

FEI Number: 47-4243602 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC 505 S. 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

**FILED** Mar 25, 2020

**Secretary of State** 

3679892933CC

Authorized Person(s) Detail:

**PRESIDENT** Title Title VΡ

WAXMAN, BRIAN K MUJEEB, AKHTER Name Name

Address 11780 US HIGHWAY ONE Address 11780 US HIGHWAY ONE

> SUITE 305 SUITE 305

NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 City-State-Zip: City-State-Zip:

Title

LEBENSON, DAVID Name

11780 US HIGHWAY ONE Address

SUITE 305

NORTH PALM BEACH FL 33408 City-State-Zip:

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: MUJEEB AKHTER

DIRECTOR, FINANCE & **ACCOUNTING** 

03/25/2020