

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000009112

Entity Name: LONGWOOD 515 MEDICAL PROPERTIES, LLC**Current Principal Place of Business:**ONE TOWN CENTER RD
STE 300
BOCA RATON, FL 33486**Current Mailing Address:**ONE TOWN CENTER RD
STE 300
BOCA RATON, FL 33486 US**FEI Number:** 47-5552164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** JOANNE CASWELL, ASSISTANT SECRETARY

02/10/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	HEARTLAND MEDICAL PROPERTIES GP II, LLC JV,LLC	Name	WESTMEYER, PETER
Address	ONE TOWN CENTER RD STE 300	Address	ONE TOWN CENTER ROAD SUITE 300
City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	BOCA RATON FL 33486
Title	AUTHORIZED REPRESENTATIVE		
Name	MOTISI, MEEGAN T.		
Address	ONE TOWN CENTER ROAD SUITE 300		
City-State-Zip:	BOCA RATON FL 33486		

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: MEEGAN T. MOTISI**AUTHORIZED PERSON**

02/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date