

**2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B22000000154

**Entity Name:** NWI JUNO BEACH HOSPITAL LP

**Current Principal Place of Business:**

112 S FRENCH STREET  
SUITE 105-NWI  
WILMINGTON, DE 19801

**Current Mailing Address:**

112 S FRENCH STREET  
SUITE 105-NWI  
WILMINGTON, DE 19801 US

**FEI Number:** 88-1265337

**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

**General Partner Detail :**

Document #

Name NWI JUNO BEACH HOSPITAL GP LLC

Address 112 S FRENCH STREET SUITE 105-  
NWI

City-State-Zip: WILMINGTON DE 19801

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARRYL E. SMITH

**AUTHORIZED SIGNER**

**02/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date