

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005960

FILED
Apr 29, 2009
Secretary of State

Entity Name: GARDENS MEDICAL PAVILION, LLC

Current Principal Place of Business:

2801 PGA BLVD, SUITE 220
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2801 PGA BLVD, SUITE 220
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 11-3802278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAXMAN, BRIAN K
2801 PGA BLVD. SUITE 220
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAXMAN, BRIAN K
Address: 2801 PGA BLVD, SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: APPLEFIELD, PETER J
Address: 2801 PGA BLVD. SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AGEN () Change (X) Addition
Name: LIBERTY, MALI
Address: 2801 PGA BLVD, SUITE 220
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MALI LIBERTY

AGEN

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date