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: BARRY NELSON

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/19/2015

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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	NELSON, BARRY	Name	SPRECHMAN, STEVEN
Address	2775 SUNNY ISLES BLVD, SUITE 118	Address	2775 SUNNY ISLE STE 118
City-State-Zip:	NORTH MIAMI BEACH FL 33160	City-State-Zip:	MIAMI FL 33160

#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0100006589

Entity Name: EASTERN SHORES PROFESSIONAL CENTER, LLC

## **Current Principal Place of Business:**

2775 SUNNY ISLES BLVD 118 NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

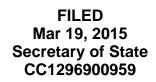
2775 SUNNY ISLES BLVD 118 NORTH MIAMI BEACH, FL 33180

#### FEI Number: 65-1101763

# Name and Address of Current Registered Agent:

NELSON, BARRY A 2775 SUNNY ISLES BLVD #118 NORTH MIAMI BEACH, FL 33160 US

Date



Date

Certificate of Status Desired: No