

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027502

**Entity Name:** PAVILION GENERAL PARTNER, LLC

**Current Principal Place of Business:**

6806 N. STATE ROAD 7  
C/O PARKCREEK SURGERY CENTER  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6806 N. STATE ROAD 7  
C/O PARKCREEK SURGERY CENTER  
COCONUT CREEK, FL 33073

**FEI Number:** 02-0700071

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWERS, DAVID PA  
5030 CHAMPION BLVD. SUITE G11-281  
BOCA RATON, FL 33496 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:** DAVID POWERS

04/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MR	Title	MR
Name	FAMIGLIETTI, RICHARD	Name	EPSTEIN, SAUL
Address	6806 N. STATE ROAD 7	Address	6806 NORTH STATE ROAD 7
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073

*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:** RICHARD FAMIGLIETTI

OFFICER

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date