

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087767

Entity Name: CENEGENICS MEDICAL INSTITUTE OF BOCA RATON, LLC

Current Principal Place of Business:

501 EAST CAMINO REAL
BOCA RATON, FL 33432

Current Mailing Address:

501 EAST CAMINO REAL
BOCA RATON, FL 33432

FEI Number: 20-5869644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEIN, JACK
205 WORTH AVE
SUITE 203
PALM BEACH, FL 33480 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

Authorized Person(s) Detail :

Title MGRM - MANAGING MEMBER
Name WILLIX, ROBERT DJR.
Address 501 EAST CAMINO REAL
City-State-Zip: BOCA RATON FL 33432

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: ROBERT D. WILLIX JR.

**MGRM - MANAGING
MEMBER**

05/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date