

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096370

**Entity Name:** VIRGIN HEALTH OF WEST PALM L.L.C

**Current Principal Place of Business:**

224 DATURA STREET,  
SUITE 1003  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

224 DATURA STREET  
SUITE 1003  
WEST PLAM BEACH, FL 33401 US

**FEI Number:** 24-1111257

**Certificate of Status Desired:** No

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

LAW OFFICES OF OSCAR J RODRIGUEZ, PA  
2151 LE JEUNE ROAD - MEZZANINE  
CORAL GABLES, FL 33134 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	Title	MGRM
Name	DE LA CRUZ, FERNANDO V	Name	LOZADA, YAMILET
Address	224 DATURA STREET, STE. 1003	Address	224 DATURA STREET, STE. 1003
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

*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:** FERNANDO V DE LA CRUZ JR

MGRM

05/01/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date