

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023485

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC6355882717**

**Entity Name:** 7421 N. UNIVERSITY MEDICAL OFFICE LLC

**Current Principal Place of Business:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**Current Mailing Address:**

7421 N. UNIVERSITY DRIVE  
SUITE 306  
TAMARAC, FL 33321

**FEI Number:** 26-3284869

**Certificate of Status Desired:** No

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

MILITZOK & LEVY, P.A.  
3230 STIRLING ROAD  
SUITE 1  
HOLLYWOOD, FL 33021 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	ARMENAKIS, GUS	Name	ARMENAKIS, JULIA
Address	7421 N UNIVERSITY DR SUITE 306	Address	7421 N UNIVERSITY DR SUITE 306
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321

*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:** GUS ARMENAKIS

**MANAGER**

**01/27/2016**

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

\_\_\_\_\_  
Date