

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041005

**Entity Name:** TREASURE COAST HOSPITALIST, P.L.

**Current Principal Place of Business:**

1523 SEA HOLLY WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

1523 SEA HOLLY WAY  
PALM CITY, FL 34990

**FEI Number:** 26-3178257

**Certificate of Status Desired:** No

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

LEHACHI, YOUNES M.D.  
1523 SEA HOLLY WAY  
PALM CITY, FL 34990 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  
Name LEHACHI, YOUNES M.D.  
Address 1523 SEA HOLLY WAY  
City-State-Zip: PALM CITY FL 34990

*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:** LEHACHI,YOUNES

MGRM

03/20/2017

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

\_\_\_\_\_  
Date