

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075053

Entity Name: LAKE NONA HEALTH & LIFE SCIENCE INVESTMENTS, LLC**Current Principal Place of Business:**9801 LAKE NONA ROAD
ORLANDO, FL 32827**Current Mailing Address:**9801 LAKE NONA ROAD
ORLANDO, FL 32827**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.
390 NORTH ORANGE AVENUE, STE 1400
ORLANDO, FL 32801 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:** HOLLY L. COLLINS

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	P	Title	VP
Name	ZBORIL, JAMES L.	Name	ADAMS, ROBERT B.
Address	9801 LAKE NONA ROAD	Address	9801 LAKE NONA ROAD
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VP	Title	VP
Name	SEYMOUR, THADDEUS JR.	Name	PEEK, SCOTT I. JR.
Address	9801 LAKE NONA ROAD	Address	9801 LAKE NONA ROAD
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VP	Title	SECRETARY
Name	THAKKAR, RASESH	Name	RENCORET, MICHELLE R.
Address	9801 LAKE NONA ROAD	Address	9801 LAKE NONA ROAD
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VP		
Name	IRELAND, RALPH H.		
Address	9801 LAKE NONA ROAD		
City-State-Zip:	ORLANDO FL 32827		

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: JAMES L. ZBORIL**PRESIDENT**

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date