

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059682

**Entity Name:** CAMBRIDGE MEDICAL GROUP OF WEST BOYNTON, LLC

**Current Principal Place of Business:**

10817 SOUTH JOG RD STE 230  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10817 SOUTH JOG RD STE 230  
BOYNTON BEACH, FL 33437

**FEI Number:** 27-0163856

**Certificate of Status Desired:** No

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

LUCIBELLA, RICHARD J  
10817 SOUTH JOG RD STE 230  
BOYNTON BEACH, FL 33437 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 MGR  
Name LUCIBELLA, RICHARD J  
Address 10817 SOUTH JOG RD STE 230  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name LAVERNIA, IVAN  
Address 10817 SOUTH JOG RD STE 230  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name PEREZ MESA, FRANCISCO  
Address 10817 SOUTH JOG RD STE 230  
City-State-Zip: BOYNTON BEACH FL 33437

Title MGR  
Name PERELMAN, MITCHELL A  
Address 10817 SOUTH JOG RD STE 230  
City-State-Zip: BOYNTON BEACH FL 33427

*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:** RICHARD LUCIBELLA

**MANAGING MEMBER**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date