

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050139

Entity Name: SACRED HEART PRIMARY CARE CLINIC LLC

Current Principal Place of Business:

10741 PARIS STREET
COOPER CITY, FL 33026

Current Mailing Address:

10741 PARIS STREET
COOPER CITY, FL 33026 US

FEI Number: 45-2033525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRE, PHILYPPE
10741 PARIS STREET
COOPER CITY, FL 33026 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 MMGR
Name FLORENT-CARRE, MARIE H
Address 10741 PARIS STREET
City-State-Zip: COOPER CITY FL 33026

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: MARIE H FLORENT-CARRE

MGRM

04/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date