

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000073311

**FILED**  
**Feb 21, 2014**  
**Secretary of State**  
**CC3832819064**

**Entity Name:** GANELES NORKIN HOLDINGS, LLC

**Current Principal Place of Business:**

3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**FEI Number:** 45-2634481

**Certificate of Status Desired:** No

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

GANELES, JEFFREY D.M.D.  
3020 NORTH MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431 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 GANELES, JEFFREY D.M.D.  
Address 3020 NORTH MILITARY TRAIL, SUITE 200  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name NORKIN, FREDERIC JD.M.D.  
Address 3020 NORTH MILITARY TRAIL, SUITE 200  
City-State-Zip: BOCA RATON FL 33431

*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: DR. JEFFREY GANELES**

**PRESIDENT**

**02/21/2014**

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

\_\_\_\_\_  
Date