

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061523

**Entity Name:** GCK MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

1200 LEEWARD WAY  
WESTON, FL 33327

**Current Mailing Address:**

1200 LEEWARD WAY  
WESTON, FL 33327

**FEI Number: 45-5332410**

**Certificate of Status Desired: No**

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

VALLEJO, CARLOS F  
1200 LEEWARD WAY  
WESTON, FL 33327 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	Title	MANAGING MEMBER
Name	VALLEJO, CARLOS F	Name	SELEM, LISSETTE
Address	1200 LEEWARD WAY	Address	1200 LEEWARD WAY
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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: CARLOS F VALLEJO**

**PRESIDENT**

**02/17/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date