

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000123063

Entity Name: HIPPOCRATIC MEDICAL CENTER, LLC.

Current Principal Place of Business:

1 NORTH PINELLAS AVE.
TARPON SRPINGS, FL 34689

Current Mailing Address:

1 NORTH PINELLAS AVE.
TARPON SRPINGS, FL 34689 US

FEI Number: 46-1071241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOKOLIS, RONALD
1 NORTH PINELLAS AVE.
TARPON SRPINGS, FL 34689 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 KOKOLIS, RONALD
Address 1 NORTH PINELLAS AVENUE
City-State-Zip: TARPON SPRINGS FL 34689

Title MGM
Name KOKOLIS, ELENA
Address 1 NORTH PINELLAS AVEUNE
City-State-Zip: TARPON SPRINGS FL 34689

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: RONALD KOKOLIS

OWNER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date