#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157007

Entity Name: OBGYN SPECIALISTS OF LAKESIDE, LLC

FILED
Jan 06, 2017
Secretary of State
CC9990873847

## **Current Principal Place of Business:**

770 NORTHPOINT PARKWAY

SUITE 102

WEST PALM BEACH, FL 33407

## **Current Mailing Address:**

770 NORTHPOINT PARKWAY SUITE 102

WEST PALM BEACH, FL 33407 US

FEI Number: 46-1588640 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BURIGO, JOHN 770 NORTHPOINT PARKWAY SUITE 102

WEST PALM BEACH, FL 33407 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 MGRM

Name BURIGO, JOHN Name GORDON, ROBERT

Address 2979 PGA BLVD, #200 Address 2979 PGA BLVD, STE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGRM Title MGRM

NameFISHMAN, LOELNameCARLSON, MELISSAAddress2979 PGA BLVD, #200Address2979 PGA BLVD, #200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MEMBER Title MEMBER

Name BANOONI, AMY Name IANNACCONE, VICTOR

Address 2979 PGA BLVD Address 2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

TitleMEMBERTitleMEMBERNameFERN, STEVENNamePASS, JULIEAddress2979 PGA BLVDAddress2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

## Continues on page 2

SIGNATURE: JOHN BURIGO MGR 01/06/2017

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.

# Authorized Person(s) Detail Continued:

Title MEMBER Title

Name FALZONE, SAMUEL Name JONES, DEBRA
Address 2979 PGA BLVD Address 2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

**MEMBER** 

Title MEMBER Title MANAGER

Name MOREL, MARIE Name MELENDY, SASHA DR.

Address 2979 PGA BLVD Address 2979 PGA BLVD

SUITE 200 SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MANAGER

Name TUNG, CHIA-LING Address 2979 PGA BLVD

SUITE 200

City-State-Zip: PALM BEACH GARDENS FL 33410