

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000067326

Entity Name: MIAMI BEACH GYNECOLOGY LLC

Current Principal Place of Business:

1690 SOUTH TREASURE DR
MIAMI BEACH, FL 33141

Current Mailing Address:

1690 SOUTH TREASURE DR
MIAMI BEACH, FL 33141 US

FEI Number: 46-3741923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORRIS, PAUL M
1690 S TREASURE DR
MIAMI, FL 33141 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 MGRG
Name NORRIS, PAUL M
Address 1690 TREASURE DR
City-State-Zip: MIAMI BEACH FL 33141

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: PAUL M NORRIS

MANAGER

06/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date