

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000122305

Entity Name: GUSTO MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

642 VERROCCHIO DRIVE
NOKOMIS, FL 34275

Current Mailing Address:

642 VERROCCHIO DRIVE
NOKOMIS, FL 34275

FEI Number: 46-3664660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAIGHT, ROBERT
642 VERROCCHIO DRIVE
NOKOMIS, FL 34275 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 HAIGHT, ROBERT
Address 642 VERROCCHIO DRIVE
City-State-Zip: NOKOMIS FL 34275

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: ROBERTHAIGHT

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date