

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000136130

**Entity Name:** GARDENS FAMILY HEALTH CENTER LLC

**Current Principal Place of Business:**

6271 PGA BOULEVARD  
STE 202  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

6271 PGA BOULEVARD  
STE 202  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 46-3914415

**Certificate of Status Desired:** No

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FL 33411 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 CHIROPRACTOR  
Name MCNABB, MATT  
Address 6271 PGA BOULEVARD  
STE 202  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR OF OPERATIONS  
Name MCNABB, CHRYSTAL BEIGE M.B.A.  
Address 6271 PGA BOULEVARD  
STE 202  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR OF OPERATIONS  
Name MCNABB, CHRYSTAL BEIGE M.B.A.  
Address 6271 PGA BOULEVARD  
STE 202  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** CHRYSTAL BEIGE MCNABB

**DIRECTOR OF  
OPERATIONS &  
MARKETING**

**06/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date