2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2017
Secretary of State
CC6528590203

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Entity Name: PARK MEDICAL PLAZA, LLC

Current Principal Place of Business:

4915 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461

Current Mailing Address:

4915 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461 US

FEI Number: 46-3944336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VENUGOPAL, CHANDRA DR.
3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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	MGR
Name	VENUGOPAL, CHANDRA DR.
Address	3347 STATE ROAD 7
City-State-Zip:	WELLINGTON FL 33449

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: CHANDRA VENUGOPAL MGR 01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date