

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000052601

FILED
Mar 07, 2015
Secretary of State
CC2293043487

Entity Name: SHENANDOAH MEDICAL CARE CENTER "LLC"

Current Principal Place of Business:

6313 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33472

Current Mailing Address:

6313 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33472 US

FEI Number: 46-5283443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULLER, JOY L
6313 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33472 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 P
Name FULLER, JOY L
Address 6313 LANSDOWNE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title VP
Name FULLER, DAVID L
Address 6313 LANSDOWNE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title TREASURER
Name FULLER, DANIELLE G
Address 6313 LANSDOWNE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title SECRETARY
Name FULLER, DEANAY A
Address 6313 LANSDOWNE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

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: JOY L. FULLER

PRESIDENT

03/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date