

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000052601

**FILED
Mar 01, 2020
Secretary of State
3000525234CC**

Entity Name: SHENANDOAH MEDICAL CARE CENTER "LLC"

Current Principal Place of Business:

6234 SOUTH CONGRESS AVE.,
SUITE F-1
LANTANA, FL 33462

Current Mailing Address:

PO BOX 741424
BOYNTON BEACH, FL 33474 US

FEI Number: 46-5283443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULLER, JOY L
6234 S. CONGRESS AVE
SUITE F-1
LANATANA, FL 33462 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	6234 SOUTH CONGRESS AVE., SUITE F-1
City-State-Zip:	LANTANA FL 33462
Title	SECRETARY
Name	FULLER, DEANAY A
Address	6234 SOUTH CONGRESS AVE., SUITE F-1
City-State-Zip:	LANTANA FL 33462

Title	VP
Name	FULLER, DAVID L
Address	6234 SOUTH CONGRESS AVE., SUITE F-1
City-State-Zip:	LANTANA FL 33462
Title	TREASURER
Name	FULLER, DANIELLE G.
Address	6234 SOUTH CONGRESS AVE., SUITE F-1
City-State-Zip:	LANTANA FL 33462

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 FULLER

PRESIDENT

03/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date