

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000052601

**FILED  
Apr 10, 2016  
Secretary of State  
CC6392660934**

**Entity Name:** SHENANDOAH MEDICAL CARE CENTER "LLC"

**Current Principal Place of Business:**

6313 LANSDOWNE CIRCLE  
BOYNTON BEACH, FL 33472

**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  
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**

**04/10/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date