

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000052775

Entity Name: DOVE MEDICAL CENTERS LLC

Current Principal Place of Business:

2901 W OAKLAND PARK BLVD A4-5
OAKLAND PARK, FL 33311

Current Mailing Address:

2901 W OAKLAND PARK BLVD A4-5
OAKLAND PARK, FL 33311

FEI Number: 46-5294714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORVAL, MICHEL E PA-C
2901 W OAKLAND PARK BLVD A4-5
OAKLAND PARK, FL 33311 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 VP
Name LABISSIERE, JEAN-CLAUDE MD
Address 4600 W. COMMERCIAL BLVD
City-State-Zip: TAMARAC FL 33319

Title PRESIDENT, CEO
Name DORVAL, MICHEL E PA-C
Address 2901 W OAKLAND PARK BLVD A4-5
City-State-Zip: OAKLAND PARK FL 33311

Title AUTHORIZED MEMBER
Name PLANCHER, LISETTE
Address 2901 W OAKLAND PARK BLVD A4-5
City-State-Zip: OAKLAND PARK FL 33311

Title VP
Name GASTON, PIERRE A MD
Address 2901 W OAKLAND PARK BLVD A4-5
City-State-Zip: OAKLAND PARK FL 33311

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: MICHEL DORVAL

PRESIDENT

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date