2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
6317297687CC

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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: Yes

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	MEDICAL DIRECTOR	Title	PRESIDENT, CEO
Name	LABISSIERE, JEAN-CLAUDE MD	Name	DORVAL, MICHEL E PA-C
Address	4600 W. COMMERCIAL BLVD	Address	2901 W OAKLAND PARK BLVD A4-5
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	OAKLAND PARK FL 33311
Title	MEDICAL DIRECTOR	Title	VP
Name	GASTON, PIERRE A MD	Name	DORVAL, KERVIE
Address	2901 W OAKLAND PARK BLVD A4-5	Address	2901 W OAKLAND PARK BLVD A4-5
City-State-Zip:	OAKLAND PARK FL 33311	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 EVANS DORVAL CEO 04/30/2019

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