

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121583

**Entity Name:** ANATOMY PT L.L.C.

**Current Principal Place of Business:**

301 ARTHUR GODFREY ROAD, SUITE 500  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

301 ARTHUR GODFREY ROAD, SUITE 500  
MIAMI BEACH, FL 33140 US

**FEI Number:** 47-1589140

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAROUCHE, DAVID  
301 ARTHUR GODFREY ROAD, SUITE 500  
MIAMI BEACH, FL 33140 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 MR  
Name BAROUCHE, DAVID  
Address 4101 PINE TREE DR  
City-State-Zip: MIAMI BEACH FL 33140

*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:** DAVID BAROUCHE

MANAGER

06/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date