

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174036

**Entity Name:** PARKVIEW HEALTH SERVICES, LLC

**Current Principal Place of Business:**

121 W. LONG LAKE RD., 3RD FLOOR  
BLOOMFIELD HILLS, MI 48304

**Current Mailing Address:**

121 W. LONG LAKE RD., 3RD FLOOR  
BLOOMFIELD HILLS, MI 48304

**FEI Number:** 47-2285530

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name THE ANDERSON GROUP, LLC  
Address 121 W. LONG LAKE RD., 3RD FLOOR  
City-State-Zip: BLOOMFIELD HILLS MI 48304

*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:** BARRY SHAPIRO

MANAGER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date