

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000192817

Entity Name: PATH MEDICAL, LLC

Current Principal Place of Business:

2304 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311

Current Mailing Address:

2304 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311 US

FEI Number: 47-5580767

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 MEMBER
Name PATH MEDICAL CENTER, INC.
Address 2304 W OAKLAND PARK BLVD
City-State-Zip: FT LAUDERDALE 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: ROBERT LEWIN

**DIRECTOR OF PATH
MEDICAL CENTER, INC.**

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date