

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212541

**Entity Name:** 6200 WEST ATLANTIC MEDICAL, LLC

**Current Principal Place of Business:**

5130 LINTON BOULEVARD  
SUITE H-2  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5130 LINTON BOULEVARD  
SUITE H-2  
DELRAY BEACH, FL 33484 US

**FEI Number:** 81-0939045

**Certificate of Status Desired:** No

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

SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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 HIRTH, SHARI  
Address 5130 LINTON BLVD., #H-2  
City-State-Zip: DELRAY BEACH FL 33848

*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:** SHARI HIRTH

MGR

03/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date