

2017 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

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date