

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212541

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

**Current Principal Place of Business:**

6200 WEST ATLANTIC AVE  
SUITE 100  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

6200 WEST ATLANTIC AVE  
SUITE 100  
DELRAY BEACH, FL 33484 US

**FEI Number:** 81-0939045

**Certificate of Status Desired:** No

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

KASKEL, DANIEL A. ESQ  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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:** DANIEL A. KASKEL

04/25/2023

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

Title AUTHORIZED MEMBER  
Name KASKEL, DANIEL A. ESQ.  
Address 6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487

*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:** DANIEL A. KASKEL

AM

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date