

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212541

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

**Current Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NORTHWEST  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NORTHWEST  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** 81-0939045

**Certificate of Status Desired:** No

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

ASSOCIATED CORPORATE SERVICES, LLC  
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

02/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

**AUTHORIZED  
REPRESENTATIVE**

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date