

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000149536

Entity Name: LEGACY HEALING CENTER MARGATE LLC

Current Principal Place of Business:

2960 N STATE RD. 7
SUITE 102
MARGATE, FL 33063

Current Mailing Address:

2960 N STATE RD. 7
SUITE 102
MARGATE, FL 33063 US

FEI Number: 81-3661016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, PETER A
220 SOUTH DIXIE HWY
BOCA RATON, FL 33432 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 FOX, KAROLYN
Address 8550 LEWIS RIVER RD
City-State-Zip: DELRAY BEACH FL 33446

Title MGR
Name EFFRON, MASSIEL
Address 10261 LAKE VISTA COURT
City-State-Zip: PARKLAND FL 33076

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: KAROLYN FOX

MGR

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date