

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000235594

**Entity Name:** 4475 MEDICAL CENTER WAY, LLC

**Current Principal Place of Business:**

3889 MILITARY TRAIL, STE. 104  
JUPITER, FL 33458

**Current Mailing Address:**

P.O. BOX 69  
JUPITER, FL 33468-0069 US

**FEI Number:** 85-2618927

**Certificate of Status Desired:** No

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

SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
3889 MILITARY TRAIL, STE. 104  
JUPITER, FL 33458 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 MGRM  
Name SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
Address 3889 MILITARY TRAIL, STE. 104  
City-State-Zip: JUPITER FL 33458

*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:** MAZIN SHIKARA

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03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date