

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003958

**Entity Name:** ANESCO NORTH BROWARD, LLC

**Current Principal Place of Business:**

3601 W. COMMERCIAL BLVD.  
SUITE 5  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3601 W. COMMERCIAL BLVD.  
SUITE 5  
FORT LAUDERDALE, FL 33309

**FEI Number:** 65-0930718

**Certificate of Status Desired:** No

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

MELI, RICHARD M.D.  
3601 W. COMMERCIAL BLVD.  
SUITE 4 & 5  
FORT LAUDERDALE, FL 33309 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 MELI, RICHARD M.D.  
Address 2515 NE 7TH PLACE  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MGRM  
Name KOLBERT, PAUL M.D.  
Address 17053 NEWPORT CLUB DRIVE  
City-State-Zip: BOCA RATON FL 33496

*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:** PAUL KOLBERT

VP

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date