

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001284

**Entity Name:** 2235 WEST FLAGLER, LLC

**Current Principal Place of Business:**

C/O LEON MEDICAL CENTERS, INC.  
8600 NW 41ST STREET  
DORAL, FL 33166

**Current Mailing Address:**

C/O LEON MEDICAL CENTERS, INC.  
8600 NW 41ST STREET  
DORAL, FL 33166 US

**FEI Number:** 46-3498676

**Certificate of Status Desired:** No

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

KOONDEL, MARK  
C/O LEON MEDICAL CENTERS, INC.  
8600 NW 41ST STREET  
DORAL, FL 33166 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 LEON MEDICAL CENTERS, INC.  
Address C/O LEON MEDICAL CENTERS, INC.  
8600 NW 41ST STREET  
City-State-Zip: DORAL FL 33166

Title MGR  
Name LEON, BENJAMIN III  
Address C/O LEON MEDICAL CENTERS, INC.  
8600 NW 41ST STREET  
City-State-Zip: DORAL FL 33166

*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:** BENJAMIN LEON III

MGR

02/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date