

2014 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.
11501 S.W. 40TH STREET
MIAMI, FL 33165

Current Mailing Address:

C/O LEON MEDICAL CENTERS, INC.
11501 S.W. 40TH STREET
MIAMI, FL 33165 US

FEI Number: 46-3498676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOONDEL, MARK
11501 S.W. 40TH STREET
MIAMI, FL 33165 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	Title	MGR
Name	LEON MEDICAL CENTERS, INC.	Name	LEON, BENJAMIN III
Address	11501 S.W. 40TH STREET	Address	C/O LEON MEDICAL CENTERS, INC. 11501 S.W. 40TH STREET
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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

01/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date