

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005098

Entity Name: AW WUESTHOFF MEDICAL ARTS, LLC

Current Principal Place of Business:

11780 US HIGHWAY ONE
SUITE 305
NORTH PALM BEACH, FL 33408

Current Mailing Address:

11780 US HIGHWAY ONE
SUITE 305
NORTH PALM BEACH, FL 33408 US

FEI Number: 47-4290339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 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 PRESIDENT
Name WAXMAN, BRIAN K
Address 11780 US HIGHWAY ONE
 SUITE 305
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP
Name AKHTER, MUJEEB
Address 11780 US HIGHWAY ONE
 SUITE 305
City-State-Zip: NORTH PALM BEACH FL 33408

Title VP
Name LEBENSON, DAVID
Address 11780 US HIGHWAY ONE
 SUITE 305
City-State-Zip: NORTH PALM BEACH FL 33408

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: BRIAN K WAXMAN

PRESIDENT

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date