

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000007383

Entity Name: WEST PALM BEACH 927 MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

ONE TOWN CENTER RD
STE 300
BOCA RATON, FL 33486

Current Mailing Address:

ONE TOWN CENTER RD
STE 300
BOCA RATON, FL 33486 US

FEI Number: 81-3825822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JOANNE CASWELL, ASSISTANT SECRETARY

05/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--|-----------------|-------------------------------|
| Title | MGR | Title | AUTHORIZED REPRESENTATIVE |
| Name | MB REAL ESTATE | Name | REITER, RUSSELL |
| Address | C/O MB REAL ESTATE 22 W LAKE BEAUTY DRIVE SUITE 201 | Address | ONE TOWN CENTER RD STE 300 |
| City-State-Zip: | ORLANDO FL 32806 | City-State-Zip: | BOCA RATON FL 33486 |

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: MEEGAN T MOTISI

AUTHORIZED PERSON

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date