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
value rain a managing member of manager of the immediationity company of the receiver of indice empowered to execute this report as required by chapter doo, i folda Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL REITER

Electronic Signature of Signing Authorized Person(s) Detail

04/03/2019

Date

# 2019 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

# Name and Address of Current Registered Agent:

MB REAL ESTATE C/O MB REAL ESTATE 22 W LAKE BEAUTY DRIVE SUITE 201 ORLANDO, FL 32806 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	: LAURA RAGANS		04	/03/2019		
	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			

Certificate of Status Desired: No

FILED Apr 03, 2019 Secretary of State 0796334817CC