

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004660

**Entity Name:** EAST END MEDICAL I LLC

**Current Principal Place of Business:**

1157 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1157 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** 36-4897431

**Certificate of Status Desired:** No

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

MAINI, BRIJESHWAR  
6401 S. FLAGLER DR  
WEST PALM BEACH, FL 33405 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 MGR  
Name MAINI, BRIJESHWAR  
Address 6401 S. FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33405

*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:** BRIJESHWAR MAINI

MGR

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date