

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000005070

Entity Name: SOUTHERN WINDS HOSPITAL LLC

Current Principal Place of Business:

4225 W. 20TH AVE.
HIALEAH, FL 33012

Current Mailing Address:

10800 BISCAYNE BLVD., STE 600
MIAMI, FL 33161 US

FEI Number: 83-4686429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLENNIUM MANAGEMENT L.L.C.
10800 BISCAYNE BLVD., STE 600
MIAMI, FL 33161 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 SHAULSON, ABRAHAM
Address 10800 BISCAYNE BLVD., STE 600
City-State-Zip: MIAMI FL 33161

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: ABRAHAM SHAULSON

03/31/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date