

**2020 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

**MANAGER**

**05/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date