

2020 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B19000000016

Entity Name: REGENCY MEDICAL CENTER LLLP

Current Principal Place of Business:

1420 PEACHTREE ST, STE. 210
ATLANTA, GA 30309

Current Mailing Address:

1420 PEACHTREE ST, STE. 210
ATLANTA, GA 30309 US

FEI Number: 83-1680424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYS, GRAHAM
3309 REGAL CREST DR
LONGWOOD, FL 32779 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

General Partner Detail :

Document # M19000000790

Name GERMAN AMERICAN PARTNERS LLC

Address 1420 PEACHTREE ST, STE. 210

City-State-Zip: ATLANTA GA 30309

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRAHAM MAYS

MANAGER

03/17/2020

Electronic Signature of Signing General Partner Detail

Date