

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011935

Entity Name: ASSOCIATES IN MEDICINE, LLC

Current Principal Place of Business:

10023 SOUTH US HWY 1
A
PORT ST. LUCIE, FL 34952

Current Mailing Address:

10023 SOUTH US HWY 1
A
PORT ST. LUCIE, FL 34952 US

FEI Number: 65-1047228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINTO, JOSE
10023 SOTH US HWY 1
A
PORT SAINT LUCIE, FL 34952 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 MGRM
Name PINTO, JOSE
Address 10023 SOUTH US HWY 1
City-State-Zip: PORT SAINT LUCIE FL 34952

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: JOSE PINTO

MNGR

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date