

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017253

**Entity Name:** FDM, P.L.C.

**Current Principal Place of Business:**

14100 FIVAY RD  
SUITE 120  
HUDSON, FL 34667

**Current Mailing Address:**

PO BOX 2089  
TARPON SPRINGS, FL 34688-2087

**FEI Number:** 59-3747448

**Certificate of Status Desired:** No

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

GASSMAN, ALAN SESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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            CEO  
Name            GOYAL, RAJIVA M.D.  
Address        PO BOX 2089  
City-State-Zip: TARPON SPRINGS FL 34688-2087

Title            MGRM  
Name            GOYAL, MUNA CM.D.  
Address        PO BOX 2089  
City-State-Zip: TARPON SPRINGS FL 34688-2087

*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:** RAJIVA GOYAL

CEO

04/30/2015

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

\_\_\_\_\_  
Date