

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001875

Entity Name: UNLIMITED MEDICAL SERVICES OF FLORIDA, P.L.

Current Principal Place of Business:

5580 EAST GRANT ST.
ORLANDO, FL 32822

Current Mailing Address:

5580 EAST GRANT ST.
ORLANDO, FL 32822

FEI Number: 33-1039609

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEITES, NORBERTO
9071 BEVINGTON LANE
ORLANDO, FL 32827 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 FLEITES, NORBERTO
Address 9071 BEVINGTON LANE
City-State-Zip: ORLANDO FL 32827

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: FLEITES , NORBERTO

MGR

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date