

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013726

FILED
Jan 23, 2020
Secretary of State
5966522039CC

Entity Name: ENTA INVESTMENTS LLC

Current Principal Place of Business:

1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756

Current Mailing Address:

1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756

FEI Number: 74-3087955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERCHANT, FAISAL DR.
3190 MCMULLEN BOOTH ROAD
SUITE 100
CLEARWATER, FL 33761 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: FAISAL MERCHANT

01/23/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALIDINA, ARIF A MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name BARNA, JAMES S MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name COHEN, LANCE M MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MILLER, MITCHELL B MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name STEINIGER, JOSEPH R MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MULLER, CHRISTOPHER D MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MORGAN, JONATHAN M MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name HOOD, DAVID C MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

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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: LANCE COHEN MD

MANAGING PARTNER

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MERCHANT, FAISAL
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name GREENE, SCOTT DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MALLON, ANDREW DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name CLAVENNA, MATTHEW DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756