

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013726

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC8738128449**

**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:** 20-0074658

**Certificate of Status Desired:** No

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

CANTU, DAVID O  
2430 ESTANCIA BOULEVARD  
SUITE 114  
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:**

\_\_\_\_\_  
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 ANTHONY, STEVEN L DO  
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

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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:** ARIF A. ALIDINA MD

**MANAGER**

**01/20/2015**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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