

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031956

Entity Name: ROBERTS MEDICAL PLAZA, LLC

Current Principal Place of Business:

453 N. KIRKMAN ROAD
ORLANDO, FL 32811

Current Mailing Address:

453 N. KIRKMAN ROAD
ORLANDO, FL 32811

FEI Number: 59-2412539

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KANE, STEVEN H
557 N. WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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 MD
Name ROBERTS, ROBERT S
Address 453 N KIRKMAN RD # 201
City-State-Zip: ORLANDO FL 32811

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: ROBERT S. ROBERTS

PRESIDENT

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date