

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038585

**Entity Name:** STEVEN MACHLIN, M.D., L.L.C.

**Current Principal Place of Business:**

6820 PORTO FINO CIRCLE  
SUITE # 1  
FORT MYERS, FL 33912

**Current Mailing Address:**

6820 PORTO FINO CIRCLE  
SUITE # 1  
FORT MYERS, FL 33912 US

**FEI Number:** 20-0306754

**Certificate of Status Desired:** No

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

MACHLIN, STEVEN R  
6820 PORTO FINO CIRCLE  
SUITE # 1  
FORT MYERS, FL 33912 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:** STEVEN R MACHLIN

03/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MACHLIN, STEVEN RMD  
Address 6820 PORTO FINO CIRCLE SUITE 1  
City-State-Zip: FORT MYERS FL 33912

*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:** STEVEN MACHLIN

MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date