

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000057342

**Entity Name:** STANLEY P. BLAIR D.M.D. LLC

**Current Principal Place of Business:**

3003 LEE BLVD  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

3003 LEE BLVD  
LEHIGH ACRES, FL 33971

**FEI Number:** 65-0245607

**Certificate of Status Desired:** No

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

BLAIR, STANLEY P  
3003 LEE BLVD  
LEHIGH ACRES, FL 33971 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 MGRM  
Name BLAIR, STANLEY P  
Address 3003 LEE BLVD  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** STANLEY P BLAIR

MGRM

01/10/2017

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

\_\_\_\_\_ Date