

2014 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

OWNER

01/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date