2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2016
Secretary of State
CC7096870118

DOCUMENT# L04000002606

Entity Name: DUCK POND ENTERPRISES, LLC

Current Principal Place of Business:

6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605

Current Mailing Address:

6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605

FEI Number: 59-3053685

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARICHAL, EDUARDO DR.
6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605 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: EDUARDO MARICHAL 02/02/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MILLION, AMY M.D.	Name	HARRIS, KAREN E M.D.
Address	6440 WEST NEWBERRY ROAD, SUITE 508	Address	6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	MGRM	Title	MGRM
Name	WERNER, ERIN M.D.	Name	BRAZZEL, RICHARD M.D.
Address	6440 WEST NEWBERRY ROAD, SUITE 508	Address	6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	MGRM	Title	MGRM
Name	MARICHAL, EDUARDO I M.D.	Name	BOTHA, TRACEY MD
Address	6440 WEST NEWBERRY ROAD, SUITE 508	Address	6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	MGRM	Title	MGRM
Name	CARROCCIO, SHEYNA MD	Name	CHAMBERLAIN, KELLY MD
Address	6440 WEST NEWBERRY ROAD, SUITE 508	Address	6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605

Continues on page 2

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: DR. EDUARDO MARICHAL MGRM 02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MGRM
Name	DELKER, JILL MD
Address	6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip:	GAINESVILLE FL 32605