

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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:** No**Name and Address of Current Registered Agent:**HARRIS, KAREN E
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MILLION, AMY M.D.
Address 6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name WERNER, ERIN M.D.
Address 6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name MARICHAL, EDUARDO I M.D.
Address 6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip: GAINESVILLE FL 32605

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

Title MGRM
Name HARRIS, KAREN E M.D.
Address 6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name BRAZZEL, RICHARD M.D.
Address 6440 WEST NEWBERRY ROAD, SUITE 508
City-State-Zip: GAINESVILLE FL 32605

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

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

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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: KAREN E. HARRIS**PRESIDENT****03/04/2014**

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