

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008499

Entity Name: DRROBERTKWINTERSPHD, LLC

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD.
STE: 50-259
ORLANDO, FL 32819

Current Mailing Address:

7512 DR. PHILLIPS BLVD.
STE: 50-259
ORLANDO, FL 32819

FEI Number: 20-0786594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, DAVID S
5728 MAJOR BLVD.
SUITE 550
ORLANDO, FL 32819 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 WINTERS, ROBERT
Address 7512 DR. PHILLIPS BLVD., STE: 50-259
City-State-Zip: ORLANDO FL 32819

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: ROBERT K WINTERS

OWNER

02/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date