

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020885

Entity Name: KATHLEEN E. GOODMAN MD, LLC

Current Principal Place of Business:

5975 SUNSET DRIVE, SUITE 701
MIAMI, FL 33143

Current Mailing Address:

3225 AVIATION AVE
SUITE 700
MIAMI, FL 33133

FEI Number: 54-2129332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YELEN, MITCHELL A
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741 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 AUTHORIZED MEMBER
Name VITALMD GROUP HOLDING LLC
Address 3225 AVIATION AVE STE 700
City-State-Zip: MIAMI FL 33133

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: FRANCISCO J. LEON

AUTHORIZED AGENT

02/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date