

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044438

Entity Name: PATTERSON PRACTICE MANAGEMENT GROUP, LLC

Current Principal Place of Business:

6023 HAMMOCK WOODS DRIVE
ODESSA, FL 33556

Current Mailing Address:

6023 HAMMOCK WOODS DRIVE
ODESSA, FL 33556 US

FEI Number: 20-1251770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, ROBERT L
6023 HAMMOCK WOODS DRIVE
ODESSA, FL 33556 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 MGR
Name ROBERT PATTERSON
Address 6023 HAMMOCK WOODS DRIVE
City-State-Zip: ODESSA FL 33556

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 PATTERSON

MGR

01/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date