

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031389

Entity Name: LAKE MARY MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720

Current Mailing Address:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

FEI Number: 20-2644218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLMANN, MARK
740 WEST PLYMOUTH AVENUE
DELAND, FL 32720 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 HOLLMANN, MARK
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title MGRM
Name WALDBAUM, JONATHAN
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title MGRM
Name REED, STEPHEN
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title MGRM
Name LAVOIE, STEPHANE
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

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: MARK W HOLLMANN MD

MANAGING MEMBER

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date