

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079057

**Entity Name:** 7545-7547 MEDICAL DRIVE, L.L.C.

**Current Principal Place of Business:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**Current Mailing Address:**

7545 MEDICAL DRIVE  
HUDSON, FL 34667

**FEI Number:** 59-3826451

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DICKENS, MARK  
7320 E. FLETCHER AVENUE  
TAMPA, FL 33637 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	Title	MGR
Name	PASCUAL, JOSE F	Name	SORRESSO, DOMENICK J
Address	7545 MEDICAL DRIVE	Address	7545 MEDICAL DRIVE
City-State-Zip:	HUDSON FL 34667	City-State-Zip:	HUDSON FL 34667

*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:** JOSE F. PASCUAL

**MGR**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date