

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022622

**Entity Name:** 2210 MEDICAL GROUP, P.L.

**Current Principal Place of Business:**

2210 61ST STREET WEST  
BRADENTON, FL 34209

**Current Mailing Address:**

2210 61ST STREET WEST  
BRADENTON, FL 34209

**FEI Number:** 20-4670484

**Certificate of Status Desired:** No

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

FASOLI, ROBERT AM.D.  
2210 61ST STREET WEST  
BRADENTON, FL 34209 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 MYLETT, JANINE M  
Address 2210 61ST STREET WEST  
City-State-Zip: BRADENTON FL 34209

Title MGR  
Name SEEMAN, MICHAEL D  
Address 2210 61ST STREET WEST  
City-State-Zip: BRADENTON FL 34209

Title MGR  
Name WELLS, FLOYD W  
Address 2210 61ST STREET WEST  
City-State-Zip: BRADENTON FL 34209

*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:** JANINE M MYLETT MD

**MANAGER**

**01/10/2014**

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

\_\_\_\_\_  
Date