

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053868

**Entity Name:** OAKSTEAD INTERNAL MEDICINE, LLC

**Current Principal Place of Business:**

6340 WEST MACLAURIN DR  
TAMPA, FL 33647

**Current Mailing Address:**

6340 WEST MACLAURIN DR  
TAMPA, FL 33647 US

**FEI Number:** 26-0645662

**Certificate of Status Desired:** No

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

HEINIG, JANET D  
6340 W. MACLAURIN DRIVE  
TAMPA, FL 33647 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	MANAGER
Name	HEINIG, JANET D	Name	HEINIG, DANIEL L DR.
Address	6340 WEST MACLAURIN DR	Address	6340 W MACLAURIN DR
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL
Title	MGR		
Name	HEINIG, DANIEL		
Address	6340 WEST MACLAURIN DR		
City-State-Zip:	TAMPA FL 33647		

*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:** JANET HEINIG

MGR

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date