

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096327

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**4686753391CC**

**Entity Name:** ENTA INVESTMENTS II LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**FEI Number:** 20-5664657

**Certificate of Status Desired:** No

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

COHEN, LANCE DR.  
3190 MCMULLEN BOOTH ROAD  
SUITE 100  
CLEARWATER, FL 33761 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:** LANCE COHEN MD

01/23/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALIDINA, ARIF A MD  
Address 1330 SOUTH FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name BARNA, JAMES S MD  
Address 1330 SOUTH FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name COHEN, LANCE M MD  
Address 1330 SOUTH FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MILLER, MITCHELL B MD  
Address 1330 SOUTH FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name STEINIGER, JOSEPH R MD  
Address 1330 SOUTH FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MULLER, CHRISTOPHER D MD  
Address 1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MORGAN, JONATHAN M MD  
Address 1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name HOOD, DAVID C MD  
Address 1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

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*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:** LANCE COHEN MD

**MANAGING PARTNER**

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name            MERCHANT, FAISAL  
Address         1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name            GREENE, SCOTT  
Address         1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name            MALLON, ANDREW DR.  
Address         1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name            CLAVENNA, MATTHEW DR.  
Address         1330 SOUTH FORT HARRISON AVENUE  
City-State-Zip: CLEARWATER FL 33756