

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000096327

FILED
Feb 13, 2015
Secretary of State
CC0846076346

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:

TRUSTEE AND CORPORATE SERVICES, INC.
2430 ESTANCIA BOULEVARD
SUITE 114
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: JEFFREY C. STEINERT, VP

02/13/2015

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 ANTHONY, STEVEN L DO
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

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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: ARIF A. ALIDINA MD

MANAGER

02/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGR

Name HOOD, DAVID C MD

Address 1330 SOUTH FORT HARRISON AVENUE

City-State-Zip: CLEARWATER FL 33756