

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083787

**Entity Name:** CHRISTINE DAMIAN, M.D., P.L.

**Current Principal Place of Business:**

301 WEST PLATT ST.  
SUITE 165  
TAMPA, FL 33606

**Current Mailing Address:**

301 WEST PLATT ST.  
SUITE 165  
TAMPA, FL 33606

**FEI Number:** 87-0810425

**Certificate of Status Desired:** No

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

SMITH AEBEL, ERIN ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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 P  
Name CHRISTINE, DAMIAN  
Address 301 WEST PLATT ST. SUITE 165  
City-State-Zip: TAMPA FL 33606

*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:** CHRISTINE DAMIAN

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date