

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083861

Entity Name: ENTA PASCO LLC**Current Principal Place of Business:**1330 S. FORT HARRISON
CLEARWATER, FL 33765**Current Mailing Address:**1330 S. FORT HARRISON
CLEARWATER, FL 33765 US**FEI Number:** 26-0722493**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 MGRM
Name COHEN, LANCE M
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGRM
Name MILLER, MITCHELL B
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGRM
Name BARNA, JAMES
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGRM
Name STEINIGER, JOSEPH
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGRM
Name ALIDINA, ARIF A
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGMR
Name MULLER, CHRISTOPHER
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGMR
Name MORGAN, JONATHAN
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MGMR
Name HOOD, DAVID
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

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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 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MANAGER
Name GREENE, SCOTT DR.
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MANAGER
Name MALLON, ANDREW DR.
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765

Title MANAGER
Name CLAVENNA, MATTHEW DR.
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33765