

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086773

Entity Name: PCCC OF PORT ORANGE AND ORMOND LLC**Current Principal Place of Business:**1055 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**1055 N DIXIE FWY
SUITE 1
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 26-0767506**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AILANI, RAJESH K
1055 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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
Name	AILANI, RAJESH K
Address	1055 NORTH DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MD
Name	MARIA, VINTIMILLIA
Address	1055 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MD
Name	CHRIS, DIBELLO
Address	1055 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MD
Name	THEODOSSIS, ZACHARIS
Address	1055 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MD
Name	CHRISTINA, RHO
Address	1055 N DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	AUTHORIZED MEMBER
Name	TRAPANI, VICENTE
Address	1055 NORTH DIXIE FREEWAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: RAJESH AILANI

MGR

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date