

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107050

Entity Name: ASK THE MEDICAL SPECIALIST LLC

Current Principal Place of Business:

20423 STATE ROAD, 7 F6-480
BOCA RATON, FL 33498

Current Mailing Address:

20423 STATE ROAD, 7 F6-480
BOCA RATON, FL 33498 US

FEI Number: 30-0451439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425 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 MGRM
Name COHEN, LANCE DR
Address 20423 STATE ROAD, 7 F6-480
City-State-Zip: BOCA RATON FL 33498

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

MGRM

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date