

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018921

FILED
Feb 27, 2018
Secretary of State
CC7416813412

Entity Name: MIDLAND FLORIDA INFECTIOUS DISEASES SPECIALISTS, P.L.

Current Principal Place of Business:

955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763

Current Mailing Address:

P.O. BOX 471027
LAKE MONROE, FL 32747 US

FEI Number: 26-2034917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGUCHI, ADAOBI
330 MARKHAM WOODS RD
LONGWOOD, FL 32779 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 OGUCHI, GODSON I
Address 955 TOWN CENTER DRIVE, SUITE 100
City-State-Zip: ORANGE CITY FL 32763

Title MGRM
Name OGUCHI, ADAOBI
Address 330 MARKHAM WOODS RD
City-State-Zip: LONGWOOD FL 32779

Title MGRM
Name OGUCHI, GODSON I
Address 955 TOWN CENTER DR.
City-State-Zip: ORANGE CITY FL 32763

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: GODSON OGUCHI

MGRM

02/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date