

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068890

**Entity Name:** JAMES J. MCCLELLAND, M.D., P.L.

**Current Principal Place of Business:**

3000 N ORANGE AVENUE  
SUITE A  
ORLANDO, FL 32804

**Current Mailing Address:**

3000 N ORANGE AVENUE  
SUITE A  
ORLANDO, FL 32804 US

**FEI Number:** 26-2998997

**Certificate of Status Desired:** No

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

MCCLELLAND, JAMES JMD  
3000 N ORANGE AVENUE  
SUITE A  
ORLANDO, FL 32804 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 MCCLELLAND, JAMES JM.D.  
Address 876 OLD ENGLISH AVENUE  
City-State-Zip: WINTER PARK FL 32789

*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:** JAMES J MCCLELLAND

**MANAGER**

**07/07/2016**

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

\_\_\_\_\_  
Date