

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089490

Entity Name: CENTRAL FLORIDA REALTY MEDICS LLC

Current Principal Place of Business:

3742 AVALON PARK EAST BLVD.
UNIT #11
ORLANDO, FL 32828

Current Mailing Address:

3742 AVALON PARK EAST BLVD.
UNIT #11
ORLANDO, FL 32828

FEI Number: 26-3389523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WECLEW, VICTOR T
3742 AVALON PARK EAST BLVD.
UNIT #11
ORLANDO, FL 32828 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 WECLEW, THOMAS
Address 2517 CORBYTON CT.
City-State-Zip: ORLANDO FL 32828

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WECLEW , THOMAS

OWNER

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date