

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089490

**Entity Name:** CENTRAL FLORIDA REALTY MEDICS LLC

**Current Principal Place of Business:**

10027 UNIVERSITY BLVD  
ORLANDO, FL 32817

**Current Mailing Address:**

10027 UNIVERSITY BLVD  
ORLANDO, FL 32817 US

**FEI Number:** 26-3389523

**Certificate of Status Desired:** No

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

SENCENBAUGH, BEN  
10027 UNIVERSITY BLVD  
ORLANDO, FL 32817 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 WECLEW, VICTOR T  
Address 10027 UNIVERSITY BLVD  
City-State-Zip: ORLANDO FL 32817

Title MRG  
Name SENCENBAUGH, BEN  
Address 10027 UNIVERSITY BLVD  
City-State-Zip: ORLANDO FL 32817

*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:** BENJAMIN SENCENBAUGH

**OWNER**

**03/10/2016**

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

\_\_\_\_\_  
Date