

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089490

Entity Name: CENTRAL FLORIDA REALTY MEDICS LLC

Current Principal Place of Business:

3742 AVALON PARK BLVD EAST
ORLANDO, FL 32828

Current Mailing Address:

3742 AVALON PARK BLVD EAST
ORLANDO, FL 32828

FEI Number: 26-3389523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREWERLONG PLLC
620 N WYMORE RD
SUITE 270
MAITLAND, FL 32751 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	Title	AUTHORIZED REPRESENTATIVE
Name	WECLEW, VICTOR T	Name	BREWER, TREVOR K
Address	3742 AVALON PARK BLVD EAST	Address	620 N WYMORE RD SUITE 270
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	MAITLAND FL 32751

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: TREVOR K. BREWER

**AUTHORIZED
REPRESENTATIVE**

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date