

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090045

Entity Name: OVIEDO MEDICAL, LLC

Current Principal Place of Business:

773 S. LK JESSUP AVE
OVIEDO, FL 32765

Current Mailing Address:

773 S. LK JESSUP AVE
OVIEDO, FL 32765

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASSER, BASSAM
773 S. LK JESSUP AVE
OVIEDO, FL 32765 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 NASSER, BASSAM I
Address 773 S. LK JESSUP AVE
City-State-Zip: OVIEDO FL 32765

Title MGR
Name NASSER, SAMMY K
Address 773 S. LK JESSUP AVE
City-State-Zip: OVIEDO FL 32765

Title MGR
Name NASSER, TONY J
Address 773 S. LK JESSUP AVE
City-State-Zip: OVIEDO FL 32765

Title MGR
Name NASSER, NANCY L
Address 773 S. LK JESSUP AVE
City-State-Zip: OVIEDO FL 32765

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: BASSAM NASSER

MANAGER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date