

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031464

**Entity Name:** THE TAMPA HOUSE DOCTOR LLC

**Current Principal Place of Business:**

3412 N TAMPA ST  
TAMPA, FL 33603

**Current Mailing Address:**

1002B S. CHURCH AVE #18954  
CARE OF: CATHERINE TRAVERS  
TAMPA, FL 33629

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TRAVERS, CATHERINE  
1002B S. CHURCH AVENUE #18954  
TAMPA, FL 33629 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	MGR
Name	FLAGLER, SCOTT	Name	FLAGLER, AMBER
Address	3412 N TAMPA ST	Address	3412 N TAMPA ST
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

*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:** SCOTT FLAGLER

MGR

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date