

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037749

Entity Name: FAMILY PRACTICE CENTER OF BRANDON, LLC

Current Principal Place of Business:

205 SOUTH MOON AVE
SUITE 105
BRANDON, FL 33511

Current Mailing Address:

205 SOUTH MOON AVE
SUITE 105
BRANDON, FL 33511

FEI Number: 30-0020403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THACKER, RICKY LESQ
791 W. LUMSDEN RD
BRANDON, FL 33511 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 MAZARIEGOS, MIGUEL A
Address 16127 BRIDGECROSSING DR.
City-State-Zip: LITHIA FL 33547

Title MGRM
Name MAZARIEGOS, SANDRA
Address 16127 BRIDGECROSSING DR.
City-State-Zip: LITHIA FL 33547

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: SANDRA MAZARIEGOS

OWNER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date