

**2017 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

**CO-OWNER**

**01/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date