## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057843

Entity Name: EAST ORLANDO MANAGEMENT GROUP, LLC

**FILED** Apr 24, 2015 **Secretary of State** CC4539552206

**Current Principal Place of Business:** 

7975 LAKE UNDERHILL ROAD, SUITE 330

ORLANDO, FL 32822

## **Current Mailing Address:**

7975 LAKE UNDERHILL ROAD, SUITE 330 ORLANDO, FL 32822

FEI Number: 27-0761345 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTE, JOSEPH A 7975 LAKE UNDERHILL ROAD, SUITE 330 ORLANDO, FL 32822 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:

Address

City-State-Zip:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title **MGRM** Title **MGRM** 

CONTE, JOSEPH A Name Name DOBKIN, STEPHEN

7975 LAKE UNDERHILL ROAD, SUITE Address 7975 LAKE UNDERHILL ROAD, SUITE Address

City-State-Zip: ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822

Title MGRM Title **MGRM** 

Name BAIG, AJMAL Name DAVIS, KENLEY

Address 7975 LAKE UNDERHILL ROAD, SUITE Address 7975 LAKE UNDERHILL ROAD, SUITE

ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name PATEL, ZAMIP Name JOSEPH L. RILEY ANESTHESIA

ASSOCIATES, P.A.

Address 7975 LAKE UNDERHILL ROAD, SUITE Address

7975 LAKE UNDERHILL ROAD, SUITE 330 330

City-State-Zip: ORLANDO FL 32822 ORLANDO FL 32822 City-State-Zip:

Title **MGRM** Title **MGRM** 

PATEL, ZAMIP Name JOSEPH L. RILEY ANESTHESIA Name

7975 LAKE UNDERHILL ROAD, SUITE ASSOCIATES, P.A.

Address 7975 LAKE UNDERHILL ROAD, SUITE

ORLANDO FL 32822 330

> City-State-Zip: ORLANDO FL 32822

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.

04/24/2015 SIGNATURE: JOSEPH A. CONTE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date