

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057843

**Entity Name:** EAST ORLANDO MANAGEMENT GROUP, LLC**Current Principal Place of Business:**258 SOUTH CHICKASAW TRAIL  
100  
ORLANDO, FL 32825**Current Mailing Address:**258 SOUTH CHICKASAW TRAIL  
100  
ORLANDO, FL 32825 US**FEI Number:** 27-0761345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOBKIN, STEPHEN F.  
258 SOUTH CHICKASAW TRAIL  
100  
ORLANDO, FL 32825 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:** STEPHEN F. DOBKIN

04/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DOBKIN, STEPHEN  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MGRM  
Name PATEL, ZAMIP  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MGRM  
Name JOSEPH L. RILEY ANESTHESIA  
ASSOCIATES, P.A.  
Address 851 TRAFALGAR COURT  
SUITE 200E  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name SHAIKH, ANIQ  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MANAGER  
Name PEREZ, JAVIER A.  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MANAGER  
Name MOORE, KEITH R.  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MANAGER  
Name BIBLIOWICZ, MICHAEL  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

Title MANAGER  
Name HARRINGTON, DALE C.  
Address 258 SOUTH CHICKASAW TRAIL  
100  
City-State-Zip: ORLANDO FL 32825

**Continues on page 2**

*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:** STEPHEN F. DOBKIN

MANAGER

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   MANAGER  
Name                 RABAJA, DAVID  
Address            258 SOUTH CHICKASAW TRAIL  
                      100  
City-State-Zip:    ORLANDO FL 32825

Title                   MGRM  
Name                 ADAMS MGMT, LLC  
Address            510 GREELY STREET  
City-State-Zip:    ORLANDO FL 32804

Title                   MANAGER  
Name                 WAIZENNEGGER, LISA J.  
Address            258 SOUTH CHICKASAW TRAIL  
                      100  
City-State-Zip:    ORLANDO FL 32825