

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000057843

Entity Name: EAST ORLANDO MANAGEMENT GROUP, LLC**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	CONTE, JOSEPH ADPM
Address	7975 LAKE UNDERHILL ROAD, SUITE 330
City-State-Zip:	ORLANDO FL 32822

Title	MGRM
Name	DOBKIN, STEPHEN
Address	7975 LAKE UNDERHILL ROAD, SUITE 330
City-State-Zip:	ORLANDO FL 32822

Title	MGRM
Name	BAIG, AJMAL
Address	7975 LAKE UNDERHILL ROAD, SUITE 330
City-State-Zip:	ORLANDO FL 32822

Title	MGRM
Name	DAVIS, KENLEY
Address	7975 LAKE UNDERHILL ROAD, SUITE 330
City-State-Zip:	ORLANDO FL 32822

Title	MGRM
Name	MCFADDEN, SEAN
Address	7975 LAKE UNDERHILL ROAD, SUITE 330
City-State-Zip:	ORLANDO FL 32822

Title	MGRM
Name	JLR MEDICAL GROUP
Address	7975 LAKE UNDERHILL ROAD, SUITE 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAN MCFADDEN**MANAGER****04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date