

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113188

Entity Name: TODD BRODER, M.D., P.L.

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

400 HEALTH PARK BLVD
ATTN TODD BRODER
ST. AUGUSTINE, FL 32086 US

FEI Number: 27-1375102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRODER, TODD
400 HEALTH PARK BLVD
ATTN TODD BRODER
ST. AUGUSTINE, FL 32086 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 BRODER, TODD
Address 400 HEALTH PARK BLVD
ATTN TODD BRODER
City-State-Zip: ST. AUGUSTINE FL 32086

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: TODD BRODER

MGR

01/11/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date