

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029722

Entity Name: TEQUESTA MEDICAL SERVICES LLC

Current Principal Place of Business:

1240 US HWY 1 SUITE 200
NORTH PALM BEACH, FL 33408

Current Mailing Address:

1240 US HWY 1 SUITE 200
NORTH PALM BEACH, FL 33408

FEI Number: 90-0544002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, KENNETH A
2400 SE FEDERAL HIGHWAY
FOURTH FLOOR
STUART, FL 34994 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 ACKNER, JASON T
Address 1240 US HWY 1 SUITE 200
City-State-Zip: NORTH PALM BEACH FL 33408

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: JASON ACKNER

MANAGING MEMBER

04/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date