

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110821

**Entity Name:** H. JAMES WANG, M.D. LLC

**Current Principal Place of Business:**

305 MEMORIAL MEDICAL PARKWAY  
SUITE 300  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

5994 SEMINOLE WOODS DRIVE  
PORT ORANGE, FL 32127 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WANG, HUIJIAN M.D.  
5994 SEMINOLE WOODS DRIVE  
PORT ORANGE, FL 32127 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 WANG, HUIJIAN M.D.  
Address 5994 SEMINOLE WOODS DRIVE  
City-State-Zip: PORT ORANGE FL 32127

*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:** HUIJIAN WANG \_\_\_\_\_

MANAGER

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date