

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012318

Entity Name: OTT HEALTHCARE AND CONSULTING, LLC

Current Principal Place of Business:

1230 NORTH LAKESHORE DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

1230 NORTH LAKESHORE DRIVE
NICEVILLE, FL 32578 US

FEI Number: 27-4709625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLAVIN NOONEY & PERSON
2200 S. BABCOCK STREET
MELBOURNE, FL 32901 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: THOMAS P. FLAVIN

05/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	REGISTERED AGENT
Name	OTT, MICHAEL CM.D.	Name	FLAVIN NOONEY & PERSON CPAS
Address	1230 NORTH LAKESHORE DRIVE	Address	2200 S. BABCOCK STREET
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	MELBOURNE FL 32901

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: FLAVIN NOONEY & PERSON CPAS

REGISTERED AGENT

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date