ove named ei	ntity submits this statement for the purpose of changing its registe	ered office or registe	ered agent, or both, in the State of Florida.			
IATURE:	THOMAS P. FLAVIN					
	Electronic Signature of Registered Agent			Date		
orized Pe	erson(s) Detail :					
Ν	MGR	Title	REGISTERED AGENT			
C	DTT, MICHAEL CM.D.	Name	FLAVIN NOONEY & PERSON CPAS	i		
		A shaha a a				

1230 NORTH LAKESHORE DRIVE NICEVILLE, FL 32578 US

Name and Address of Current Registered Agent:

FLAVIN NOONEY & PERSON 2200 S. BABCOCK STREET MELBOURNE, FL 32901 US

01011

hereb	by certify that t	he informatio	n indicated or						

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: TIFFANY DOUKAS

MANAGER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012318

Entity Name: OTT HEALTHCARE AND CONSULTING, LLC

Current Principal Place of Business:

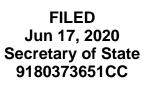
1230 NORTH LAKESHORE DRIVE NICEVILLE. FL 32578

Current Mailing Address:

FEI Number: 27-4709625

The abo

SIGNATURE	THOMAS P. FLAVIN						
	Electronic Signature of Registered Agent		Date				
Authorized F	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				



Certificate of Status Desired: No

Date