

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047017

**Entity Name:** ALINA POLLAN, MD. HEALTHCARE CENTER LLC

**Current Principal Place of Business:**

3830 TAMPA RD  
SUITE 500  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3830 TAMPA RD  
SUITE 500  
PALM HARBOR, FL 34684 US

**FEI Number:** 45-2033470

**Certificate of Status Desired:** No

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

POLLAN, ALINA MD  
14187 81ST AVE N  
SEMINOLE, FL 33776 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 POLLAN, ALINA MD  
Address 3830 TAMPA RD SUITE 500  
City-State-Zip: PALM HARBOR FL 34684

*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:** ALINA MD POLLAN

MGRM

04/30/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date