

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047017

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

**Current Principal Place of Business:**

1840 MEASE DR.  
SUITE 309  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

1840 MEASE DR.  
SUITE 309  
SAFETY HARBOR, FL 34695 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 1840 MEASE DR.  
SUITE 309  
City-State-Zip: SAFETY HARBOR FL 34695

*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 POLLAN MD

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date