

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061394

Entity Name: FLORIDA DIABETES, THYROID & ENDOCRINE CENTER, PL

Current Principal Place of Business:

9143 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836-2845

Current Mailing Address:

9143 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836-2845 US

FEI Number: 45-2397155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TANEJA, DEEPA
9143 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836-2845 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 TANEJA, DEEPA
Address 9143 SOUTHERN BREEZE DRIVE
City-State-Zip: ORLANDO FL 32836-2845

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: DEEPA TANEJA

MEMBER

01/10/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date