

**2023 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

**PRESIDENT**

**01/20/2023**

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

\_\_\_\_\_ Date