

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093327

Entity Name: PRATHER MEDICAL, LLC

Current Principal Place of Business:

688 VERONA CT
WESTON, FL 33326

Current Mailing Address:

688 VERONA CT
WESTON, FL 33326 US

FEI Number: 45-3012474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICES OF MAX A ADAMS ESQ PLLC
2151 S LEJEUNE ROAD
SUITE 306
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PRATHER, CARRIE JO
Address 688 VERONA CT
City-State-Zip: WESTON FL 33326

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: DR. CARRIE JO PRATHER

D.O.

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date