

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000558

**Entity Name:** A. LYNN DOLSON, MD, LLC

**Current Principal Place of Business:**

1618 MAHAN CENTER BLVD  
STE 105  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3726 BOBBIN BROOK EAST  
TALLAHASSEE, FL 32312 US

**FEI Number:** 45-4176951

**Certificate of Status Desired:** No

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

DOLSON, A. LYNN MD  
3726 BOBBIN BROOK EAST  
TALLAHASSEE, FL 32312 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 DOLSON, A. LYNN MD  
Address 3726 BOBBIN BROOK EAST  
City-State-Zip: TALLAHASSEE FL 32312

*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:** A. LYNN DOLSON, MD

MGRM

01/11/2015

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

\_\_\_\_\_ Date