

2017 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: DOLSON , A. LYNN , MD

MGRM

01/10/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date