

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000005822

Entity Name: NORTHSIDE SPECIALISTS, LLC

Current Principal Place of Business:

3146-B NORTHSIDE DRIVE
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 816728
HOLLYWOOD, FL 33081 US

FEI Number: 65-0443340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELINE, SAMUEL M
89 JUNIPER ROAD
HOLLYWOOD, FL 33021 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 MANAGING PARTNER
Name MELINE, SAMUEL M
Address 89 JUNIPER ROAD
City-State-Zip: HOLLYWOOD FL 33021

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: SAMUEL M MELINE

MNGR

01/09/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date