

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013095

**Entity Name:** GAINESVILLE CONSOLE DOCTOR, LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
STE 104 #559  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY  
STE 104 #559  
JACKSONVILLE, FL 32256 US

**FEI Number:** 45-4377109

**Certificate of Status Desired:** Yes

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

GRANT, DAVID R  
7643 GATE PARKWAY  
STE 104 #559  
JACKSONVILLE, FL 32256 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:** DAVID R GRANT

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRANT, MARIEL  
Address 7643 GATE PARKWAY  
STE 104 #559  
City-State-Zip: JACKSONVILLE FL 32256

Title OWNER  
Name ODELL NAT LLC  
Address 7643 GATE PARKWAY  
STE 104 #559  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DAVID GRANT

**AGENT**

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date