

2017 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

04/10/2017

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: MARIEL GRANT

MANGER

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date