

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000019241

Entity Name: PHYSICIAN ASSISTANT CONSULTANT, LLC

Current Principal Place of Business:

2733 CRANE TRACE CIRCLE
ORLANDO, FL 32837

Current Mailing Address:

2733 CRANE TRACE CIRCLE
ORLANDO, FL 32837

FEI Number: 45-4500050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ULM, MICHAEL J
2733 CRANE TRACE CIRCLE
ORLANDO, FL 32837 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 ULM, MICHAEL J
Address 2733 CRANE TRACE CIRCLE
City-State-Zip: ORLANDO FL 32837

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: MICHAEL J. ULM

MANAGER

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date