

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061985

**Entity Name:** PULIDO INTERNAL MEDICINE, LLC

**Current Principal Place of Business:**

700 ZEAGLER DRIVE SUITE 1  
PALATKA, FL 32177

**Current Mailing Address:**

700 ZEAGLER DRIVE SUITE 1  
PALATKA, FL 32177

**FEI Number:** 45-5269184

**Certificate of Status Desired:** No

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

PULIDO, ALEX M DR.  
700 ZEAGLER DR  
SUITE 1  
PALATKA, FL 32217 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: ALEX M PULIDO

05/02/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            PULIDO, ALEX MD  
Address        700 ZEAGLER DR  
                  SUITE 1  
City-State-Zip: PALATKA FL 32177

*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: ALEX M PULIDO

MD

05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date