## 2014 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 01/15/2014

Electronic Signature of Registered Agent

Date

FILED Jan 15, 2014

**Secretary of State** 

CC0863579526

## Authorized Person(s) Detail:

Title CEO

Name PULIDO, ALEX MD Address 700 ZEAGLER DR

SUITE 1

City-State-Zip: PALATKA FL 32177

SIGNATURE: ALEX M PULIDO

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.

Electronic Signature of Signing Authorized Person(s) Detail

MEDICAL DOCTOR

Date

01/15/2014