

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088323

Entity Name: DR. NICOLE MD, LLC

Current Principal Place of Business:

3532 COUNTRY LAKES DRIVE
BELLE ISLE, FL 32812

Current Mailing Address:

3532 COUNTRY LAKES DRIVE
BELLE ISLE, FL 32812

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAVEN, NICOLE J
3532 COUNTRY LAKES DRIVE
BELLE ISLE, FL 32812 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 CRAVEN, NICOLE J
Address 3532 COUNTRY LAKES DRIVE
City-State-Zip: BELLE ISLE FL 32812

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE J CRAVEN

MGRM

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date