

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000088323

**Entity Name:** DR. NICOLE MD, LLC

**Current Principal Place of Business:**

151 N ORLANDO AVE  
#260  
WINTER PARK, FL 32789

**Current Mailing Address:**

151 N ORLANDO AVE  
#260  
WINTER PARK, FL 32789 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CRAVEN, NICOLE J DR.  
151 N ORLANDO AVE  
#260  
WINTER PARK, FL 32789 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:** NICOLE J CRAVEN MD

06/05/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CRAVEN, NICOLE J DR.  
Address 151 N ORLANDO AVE  
#260  
City-State-Zip: WINTER PARK FL 32789

*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:** NICOLE J CRAVEN

MD

06/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date