

**2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE J CRAVEN

MD

04/04/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date