2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2018
Secretary of State
CC6674530542

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Entity Name: FLORIDA MEDICAL CLINIC, PL

Current Principal Place of Business:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

FEI Number: 46-2666540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAIKOFF, NANCY S
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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	CEO
Name	DELATORRE , JOE
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	CAO
Name	AUGUSTUS, TAYLOR
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	MANAGER
Name	FRANK, BARRY DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	MANAGER
Name	HUGHES, PAUL DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	CFO
Name	ALVAREZ , CHRISTIAN
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	MANAGER
Name	EISNER, MARK S DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	MANAGER
Name	GUTTENTAG, IRA DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

Title	MANAGER
Name	SARAIYA, CHANDRESH S DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542

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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: JOE DELATORRE CEO 03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	SIKES, DAVID H DR.
Address	38135 MARKET SQUARE
City-State-Zip:	ZEPHYRHILLS FL 33542