

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000144703

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 MGR MEMBER
Name DELATORRE , JOE
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

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

MGR

02/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date