

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 CEO
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

Title CAO
Name AUGUSTUS, TAYLOR
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 FRANK, BARRY 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 HUGHES, PAUL 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****12/16/2016**

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