

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000051083

Entity Name: COMMUNITY VACCINE CLINICS, LLC**Current Principal Place of Business:**2951 34TH STREET SOUTH
ST. PETERSBURG, FL 33711**Current Mailing Address:**8000 4TH ST NORTH
ST. PETERSBURG, FL 33702 US**FEI Number: 46-2490264****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL, JAMES N
ONE PROGRESS PLAZA, SUITE 1210
ST. PETERSBURG, FL 33701 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 VICE PRESIDENT
Name GODGREY, EARNIE C
Address 12120 SEMINOLE BLVD
City-State-Zip: LARGO FL 33778

Title VICE PRESIDENT
Name MCLEMORE, JOHNNY GL
Address 8000 4TH ST NORTH
City-State-Zip: SAINT PETERSBURG FL 33702

Title VP
Name SCRIBANO, MARK
Address 1401 4TH ST NORTH
City-State-Zip: SAINT PETERSBURG FL 33704

Title VP
Name RUMORE, MICHAEL J
Address 8578 PARK BLVD
City-State-Zip: SEMINOLE FL 33777

Title VP
Name BROWN, MARK
Address 4801 4TH ST NORTH
City-State-Zip: SAINT PETERSBURG FL 33703

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: JOHNNY G MCLEMORE**VICE PRESIDENT****04/02/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date