

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000052144

**Entity Name:** JAMES HALIKAS, MD, LLC

**Current Principal Place of Business:**

5445 PARK CENTRAL COURT  
SUITE 1  
NAPLES, FL 34109

**Current Mailing Address:**

5445 PARK CENTRAL COURT  
SUITE 1  
NAPLES, FL 34109

**FEI Number:** 46-2462842

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HALIKAS, JAMES MD  
5445 PARK CENTRAL COURT  
SUITE 1  
NAPLES, FL 34109 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  
Name HALIKAS, JAMES  
Address 5445 PARK CENTRAL COURT  
City-State-Zip: NAPLES FL 34109

*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:** JAMES HALIKAS MD

MANAGER

03/20/2015

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

\_\_\_\_\_  
Date