

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000105391

Entity Name: VALVERDE MEDICAL CLINICS, LLC

Current Principal Place of Business:

13900 CR 455
CLERMONT, FL 34711

Current Mailing Address:

13900 CR 455
CLERMONT, FL 34711 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOULSBY, VINCENT B
13900 CR 455
CLERMONT, FL 34711 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 SOULSBY, VINCENT B
Address 13900 CR 455
City-State-Zip: CLERMONT FL 34711

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: VINCENT B. SOULSBY

MANAGER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date