

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000152119

Entity Name: CENTRAL FLORIDA INPATIENT MEDICINE, LLC

Current Principal Place of Business:

917 RINEHART RD
1051
LAKE MARY, FL 32746

Current Mailing Address:

917 RINEHART RD
1051
LAKE MARY, FL 32746 US

FEI Number: 59-3718647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAGDA, KRISHAN
208 GATE LOOP
HEATHROW, FL 32746 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 NAGDA, KRISHAN
Address 917 RINEHART RD
1051
City-State-Zip: LAKE MARY FL 32746

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: KRISHAN NAGDA

CEO

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date