

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000009356

**Entity Name:** MIDDLETON MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

347 SW MAIN BLVD  
SUITE 101  
LAKE CITY, FL 32025

**Current Mailing Address:**

347 SW MAIN BLVD  
SUITE 101  
LAKE CITY, FL 32025 US

**FEI Number:** 14-0000093

**Certificate of Status Desired:** No

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

MIDDLETON, J. SCOTT  
347 SW MAIN BLVD  
SUITE 101  
LAKE CITY, FL 32025 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 AMBR  
Name MIDDLETON, J. SCOTT  
Address 347 SW MAIN BLVD., SUITE 101  
City-State-Zip: LAKE CITY FL 32025

*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:** J. SCOTT MIDDLETON

**PRES**

**04/02/2018**

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

\_\_\_\_\_  
Date