

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092313

**Entity Name:** DR. ST. MARTIN & ASSOCIATES PLLC

**Current Principal Place of Business:**

4917 SW 56TH STREET  
OCALA, FL 34474

**Current Mailing Address:**

4917 SW 56TH STREET  
OCALA, FL 34474 US

**FEI Number:** 47-1057403

**Certificate of Status Desired:** No

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

ST. MARTIN, JAMIE  
4917 SW 56TH STREET  
OCALA, FL 34474 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 MGRM  
Name ST. MARTIN, JAMIE  
Address 4917 SW 56TH STREET  
City-State-Zip: Ocala FL 34474

*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:** JAMIE ST. MARTIN

MGRM

04/01/2018

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

\_\_\_\_\_  
Date