

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000134181

**Entity Name:** DOCSCONNECT LLC

**Current Principal Place of Business:**

1101 N. LAKE DESTINY DR, SUITE 300  
MAITLAND, FL 32751

**Current Mailing Address:**

1101 NORTH LAKE DESTINY DRIVE SUITE 300  
MAITLAND, FL 32751 US

**FEI Number:** 47-4166769

**Certificate of Status Desired:** No

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

GLOVER, PAMELA  
1101 N. LAKE DESTINY DR, SUITE 300  
MAITLAND, FL 32751 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:** PAMELA GLOVER

12/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GLOVER, PAMELA  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title AMBR  
Name COLE, BRYAN  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name GLOVER, PAMELA  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER  
Name DORE, DAVID MD  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

*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:** PAMELA GLOVER

**MANAGING MEMBER**

12/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date