

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146012

Entity Name: GERIATRICS AND HOSPITALISTS ASSOCIATES, LLC

Current Principal Place of Business:

3255 CYPRESS LEGENDS CIRCLE #433
FT MYERS, FL 33905

Current Mailing Address:

3255 CYPRESS LEGENDS CIRCLE #433
FT MYERS, FL 33905

FEI Number: 47-1901660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, WILLIAM
3255 CYPRESS LEGENDS CIRCLE #433
FT MYERS, FL 33905 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	Title	AMBR
Name	PORTER, WILLIAM	Name	WORKMAN, M LEE
Address	3255 CYPRESS LEGENDS CIRCLE #433	Address	3255 CYPRESS LEGENDS CIRCLE #433
City-State-Zip:	FT MYERS FL 33905	City-State-Zip:	FT MYERS FL 33905

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: WILLIAM PORTER

DIRECTOR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date