

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146012

Entity Name: GERIATRICS AND HOSPITALISTS ASSOCIATES, LLC

Current Principal Place of Business:

3319 CYPRESS LEGENDS CIRCLE #703
FT MYERS, FL 33905

Current Mailing Address:

3319 CYPRESS LEGENDS CIRCLE #703
FT MYERS, FL 33905 US

FEI Number: 47-1901660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, WILLIAM
3319CYPRESS LEGENDS CIRCLE #703
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
Name PORTER, WILLIAM
Address 3319 CYPRESS LEGENDS CIRCLE
#703
City-State-Zip: FT MYERS FL 33905

Title AMBR
Name WORKMAN, M LEE
Address 3319CYPRESS LEGENDS CIRCLE
#703
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

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date