

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000193410

Entity Name: EXPERT EHR, LLC

Current Principal Place of Business:

2626 58TH ST S
GULFPORT, FL 33707

Current Mailing Address:

PO BOX 531224
ST PETERSBURG, FL 33747

FEI Number: 47-2453735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTELO, JULIA
2626 58TH ST S
GULFPORT, FL 33707 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 CASTELO, JULIA
Address 2626 58TH ST S
City-State-Zip: GULFPORT FL 33707

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: JULIA CASTELO

MGRM

03/06/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date