

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000072423

**Entity Name:** NONA MEDICAL BUILDING, LLC

**Current Principal Place of Business:**

100 NORTH EDINBURGH DR  
STE 200  
WINTER PARK, FL 32792

**Current Mailing Address:**

100 NORTH EDINBURGH DR  
STE 200  
WINTER PARK, FL 32792 US

**FEI Number:** 47-3852572

**Certificate of Status Desired:** No

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

BREIT, BRUCE H M.D.  
100 NORTH EDINBURGH DR  
STE 200  
WINTER PARK, FL 32792 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:** BRUCE BREIT

03/21/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BREIT, BRUCE H M.D.  
Address 100 NORTH EDINBURGH DR, STE 200  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name SNOW, STEPHEN M.D.  
Address 525 SOUTH MAGNOLIA AVENUE  
City-State-Zip: ORLANDO FL 32801

Title MGR  
Name JONES, MARNIQUE H M.D.  
Address 1551 CLAY STREET  
City-State-Zip: WINTER PARK FL 32789

*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:** BRUCE BREIT

**MANAGER**

03/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date