

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000076783

Entity Name: KIWI MEDICAL OFFICE SERVICES, LLC

Current Principal Place of Business:

3020 PALM DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

3020 PALM DRIVE
PUNTA GORDA, FL 33950

FEI Number: 47-3897720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THIEL, PATRICIA L
3020 PALM DRIVE
PUNTA GORDA, FL 33950 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 MGR
Name THIEL, PATRICIA L
Address 3020 PALM DRIVE
City-State-Zip: PUNTA GORDA FL 33950

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: PATRICIA L THIEL

MANAGER

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date