

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080568

Entity Name: FAMILY MED SERVICES BAYSIDE LLC

Current Principal Place of Business:

8488 HILLSBOROUGH AVE
TAMPA, FL 33615

Current Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 33114

FEI Number: 36-4809481

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANTIS PHYSICIAN ALLIANCE, LLC
1405 SW 107 AVE
SUITE 217-C
MIAMI, FL 33155 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 ADVANTIS PHYSICIAN ALLIANCE, LLC
Address 1405 SW 107 AVE
SUITE 217-C
City-State-Zip: MIAMI FL 33174

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: RAMON QUIRANTES _____

OFFICER

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date