

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139389

**Entity Name:** RICHARD CHERN MD, LLC

**Current Principal Place of Business:**

12889 HWY 98 WEST  
107B  
MIRAMAR BEACH, FLORIDA, FL 32550

**Current Mailing Address:**

12889 HWY 98 WEST  
107B  
MIRAMAR BEACH, FLORIDA, FL 32550 US

**FEI Number:** 47-4135963

**Certificate of Status Desired:** No

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

CHERN, RICHARD P  
12889 HWY 98 WEST  
107B  
MIRAMAR BEACH, FL 32550 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            OWRN  
Name            CHERN, RICHARD P  
Address        12889 HWY 98 WEST, SUITE 107B  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            MGR  
Name            MONTI, AMANDA  
Address        139 RHODES COVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** RICHARD CHERN

**OWNER**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date