

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000048479

**Entity Name:** OBSERVATION MEDICAL GROUP, LLC

**Current Principal Place of Business:**

2502 W ST ISABEL ST  
TAMPA, FL 33607

**FILED**  
**Feb 28, 2017**  
**Secretary of State**  
**CC2515939960**

**Current Mailing Address:**

2502 W ST ISABEL ST  
TAMPA, FL 33607 US

**FEI Number: 81-1780073**

**Certificate of Status Desired: No**

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

MCCONNELL, WILLIAM E  
2502 W ST ISABEL ST  
TAMPA, FL 33607 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 PIDALA, ANTHONY I  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title P  
Name PIDALA, ANTHONY I  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name MCCONNELL, WILLIAM E  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title CEO  
Name MCCONNELL, WILLIAM E  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title VP  
Name PIDALA, ANTHONY I  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name SAND, I. CHARLES  
Address 2502 W ST ISABEL ST  
City-State-Zip: TAMPA FL 33607

*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: WILLIAM E MCCONNELL**

**MGR**

**02/28/2017**

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

\_\_\_\_\_  
Date