

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000064658

Entity Name: AMY WECKER MD LLC

Current Principal Place of Business:

1504 BAY RD #2808
MIAMI BEACH, FL 33139

Current Mailing Address:

1504 BAY RD #2808
MIAMI BEACH, FL 33139 US

FEI Number: 81-2224150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WECKER, AMY MD
1504 BAY RD #2808
MIAMI BEACH, FL 33139 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 AMBR
Name WECKER, AMY
Address 1504 BAY RD #2808
City-State-Zip: MIAMI BEACH FL 33139

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: AMY WECKER MD

AMBR

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date