

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000087059

**Entity Name:** BLUETAIL MEDICAL GROUP LLC

**Current Principal Place of Business:**

LANDMARK HOSPITAL  
1285 CREEKSIDE BLVD. EAST  
NAPLES, FL 34109

**Current Mailing Address:**

LANDMARK HOSPITAL  
1285 CREEKSIDE BLVD. EAST  
NAPLES, FL 34109 US

**FEI Number:** 46-1175986

**Certificate of Status Desired:** Yes

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

NELSON, KATHRYN T  
LANDMARK HOSPITAL  
1285 CREEKSIDE BLVD. EAST  
NAPLES, FL 34109 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 NELSON, KATHRYN T  
Address 17300 N OUTER ROAD  
City-State-Zip: CHESTERFIELD MO 63005

*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:** KATHRYN T. NELSON

**OFFICE MANAGER**

**01/10/2017**

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

\_\_\_\_\_  
Date