

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000194179

Entity Name: CENTRAL FLORIDA INTEGRATED HEALTH, LLC

Current Principal Place of Business:

4315 HIGHLAND PARK BLVD., SUITE B
LAKELAND, FL 33813

Current Mailing Address:

4315 HIGHLAND PARK BLVD., SUITE B
LAKELAND, FL 33813 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUGG, JOSEPH
ALLEN DELL, P.A., 202 S ROME AVE, STE 100
TAMPA, FL 33606 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 CORY, MATTHEW J M.D.
Address 4315 HIGHLAND PARK BLVD., SUITE B
City-State-Zip: LAKELAND FL 33813

Title MGR
Name LIMA, MARTHA I M.D.
Address 4315 HIGHLAND PARK BLVD., SUITE B
City-State-Zip: LAKELAND FL 33813

Title MGR
Name SEOANE, SERGIO B
Address 4315 HIGHLAND PARK BLVD., SUITE B
City-State-Zip: LAKELAND FL 33813

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: MATTHEW J CORY, MD

MGR

03/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date