

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000013243

**Entity Name:** CAMUS MEDICAL PRACTICE L.L.C.

**Current Principal Place of Business:**

1400 US HWY 441 N.  
BLDG 900 STE 904  
THE VILLAGES, FL 32159

**Current Mailing Address:**

1400 US HWY 441 N.  
BLDG 900 STE 904  
THE VILLAGES, FL 32159

**FEI Number:** 81-4230227

**Certificate of Status Desired:** No

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

CAMOGLIANO, ROMULO J MD  
1400 US HWY 441 N.  
BLDG 900 STE 902  
THE VILLAGES, FL 32159 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 CAMOGLIANO, DEBRA J  
Address 1400 US HWY 441 N. BLDG 900 STE  
902  
City-State-Zip: THE VILLAGES FL 32159

*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:** DEBRA J CAMOGLIANO

MGR

03/11/2019

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

\_\_\_\_\_  
Date