

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000085171

**Entity Name:** CHARLES STONE M.D., LLC

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD., STE. 680  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD., STE. 680  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 35-2592714

**Certificate of Status Desired:** No

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

KLEIN, TED  
8030 PETERS RD., STE. D-104  
PLANTATION, FL 33324 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 STONE, CHARLES MD  
Address 3700 WASHINGTON ST., STE. 305  
City-State-Zip: HOLLYWOOD FL 33021

*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:** CHARLES STONE

**MANAGER**

**04/04/2019**

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

\_\_\_\_\_ Date