

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000128002

**Entity Name:** ROBERT E. CLAYTON 11 MD MEDICAL/WELLNESS, LLC

**Current Principal Place of Business:**

231 MCLEOD STREET  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

3525 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**FEI Number:** 82-2293214

**Certificate of Status Desired:** Yes

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

CLAYTON, JAN H  
3525 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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 CLAYTON, JAN H  
Address 3525 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRE  
Name CLAYTON, ROBERT E 11 MD  
Address 3525 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** JAN H CLAYTON

**PRACTICE  
ADMINISTRATOR**

**05/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date