

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000234247

Entity Name: PHOENIX AMERICAN MEDICAL, LLC

Current Principal Place of Business:

3367 GATOR TRAIL
BROOKSVILLE, FL 34604

Current Mailing Address:

3367 GATOR TRAIL
BROOKSVILLE, FL 34604 US

FEI Number: 82-3467929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAIG, MIRZA
3367 GATOR TRAIL
BROOKSVILLE, FL 34604 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 BAIG, MIRZA
Address 3367 GATOR TRAIL
City-State-Zip: BROOKSVILLE FL 34604

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: MIRZA BAIG

MGR

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date