

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000063389

**FILED**  
**May 30, 2020**  
**Secretary of State**  
**9120572147CC**

**Entity Name:** WINDERMERE MEDICAL GROUP LLC

**Current Principal Place of Business:**

3554 WEST ORANGE COUNTRY CLUB DR  
110  
WINTER GARDEN , FL 34787

**Current Mailing Address:**

3554 WEST ORANGE COUNTRY CLUB DR  
110  
WINTER GARDEN, FL 34787 US

**FEI Number:** 82-4775573

**Certificate of Status Desired:** Yes

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

SELECT YOUR ORGANIZATION  
3554 WEST ORANGE COUNTRY CLUB DRIVE  
110  
WINTER GARDEN , FL 34787 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:** SALEH PARVEZ

05/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name PARVEZ, SALEH M  
Address 3554 WEST ORANGE COUNTRY CLUB  
DR  
110  
City-State-Zip: WINTER GARDEN FL 34787

Title COO  
Name PARVEZ, SHERIN  
Address 3554 WEST ORANGE COUNTRY CLUB  
DR  
110  
City-State-Zip: WINTER GARDEN FL 34787

Title MANAGING DIRECTOR  
Name PARVEZ, SHEEHAN  
Address 6101 GROSVENOR SHORE DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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:** SALEH PARVEZ

CEO

05/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date