

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000274872

**Entity Name:** MEN'S CHOICE MEDICAL CENTER, LLC**Current Principal Place of Business:**8075 GATE PARKWAY W, SUITE 302  
JACKSONVILLE, FL 32216**Current Mailing Address:**8075 GATE PARKWAY W, SUITE302  
JACKSONVILLE, FL 32216 US**FEI Number:** 83-2701821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLICK LAW GROUP, P.L.  
3700 S. CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 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	MANAGER
Name	DILLARD, JUSTIN
Address	8075 GATE PARKWAY W, SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	HASKINS, JOHN
Address	8075 GATE PARKWAY W, SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	PALACIOS, JUAN
Address	8075 GATE PARKWAY W, SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	SHEIKH, ZAHID DR.
Address	8075 GATE PARKWAY W, SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

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:** JUAN PALACIOS

MANAGER

01/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date