

2020 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, JAMES M
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: JAMES M. FLICK

05/01/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MANAGER
Name HASKIN, 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

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: JUSTIN DILLON

MANAGER

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date