

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000194663

**Entity Name:** ENTA ST. PETE LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**FEI Number:** 84-2571103

**Certificate of Status Desired:** No

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

COHEN, LANCE  
1330 SOUTH FORT HARRISON  
CLEARWATER, FL US

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**9047084026CC**

*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 COHEN, LANCE  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name ALIDINA, ARIF  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name GREENE, SCOTT  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MALLON, ANDREW  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MILLER, MITCHELL  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name BARNA, JAMES  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name CLAVENNA, MATTHEW DR.  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name HOOD, DAVID DR.  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

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*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:** ANDREW MALLON MD

**MANAGING PARTNER**

**02/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           MORGAN, JONATHAN DR.  
Address        1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           MULLER, CHRISTOPHER DR.  
Address        1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           STEINIGER, JOSEPH DR.  
Address        1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           MERCHANT, FAISAL DR.  
Address        1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           PATE, MARIAH DR.  
Address        1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756