#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002702

Entity Name: DONNA M. PINELLI, M.D., L.C.

inty Name. DOMNA W. FINELLI, W.D., L.

#### **Current Principal Place of Business:**

1095 MILITARY TRAIL #1490

JUPITER, FL 33468

### **Current Mailing Address:**

P.O. BOX 1490

JUPITER, FL 33468-1490 US

FEI Number: 65-0876881 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PINELLI, DONNA M DR. 1095 MILITARY TRAIL 1490 JUPITER, FL 33468 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: DONNA M. PINELLI MD LC 04/26/2017

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2017

**Secretary of State** 

CC7952558790

# Authorized Person(s) Detail:

Title MGR

Name PINELLI, DONNA M
Address P.O. BOX 1490
City-State-Zip: JUPITER FL 33468

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/26/2017

Date