100	2 UN O M S			M				
1. Entity Na	ıme	000257			FILED	,		
FLORIL	DA DOCTORS ASSOCIATES, L	L.C.	•>		03 MAR -4 Ai	411:14		
Principal Place of Business Mailing Address					amanama es é se	- OTATE		
			0935 BRISTOL DRIVE #215 RADENTON FL 34209		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal	Place of Business	3. Mailing Address	Mailing Address					
1 .		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number NOT APPLICABLE Applied For			
Zip Country-		Zip	Zip Country		NOT AFT		Not Applicable	
	a part of the second second	· ;,	- Journal y		ficate of Status Desired	Fee Req	Additional juired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1. J. C. C. D. C. C. D. C.								
	, ASAD 35 Bristol Drive #215	Address (P.O.:Boxil)	/ HSHD lumber.is:Not:Acceptab	101				
1	ADENTON FL 34209	1000 11						
				6078, 14TH ST WEST				
8. The above	named entity submits this statement for	the purpose of chambing its	City	SKADE.	NTON	FL Zip (Code 4 20-7	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent signs	ture required when reinstati	ng)	DATE	>	
		FILE NO	W!!! FEE IS	\$50.00		1		
		Make Check Pay	/able to Depar September 25	tment of State		÷		
9.	MANAGING MEMBER		10.		ADDITIONS	/CHANGES		
TITLE _NAME	MGRM	☐ Delete	TITLE	MGRM ACI, AS	· · · · · · · · · · · · · · · · · · ·	Chang	ge 🗆 Addition 🗟	
STREET ADDRESS	ALI, ASAD 10935 BRISTOL DRIVE #215		NAME STREET ADDRESS	6078,19	ATH ST W	EST	ge	
CITY-ST-ZIP • TITLE	BRADENTON FL 34209 MGRM		CITY-ST-ZIP	BRADE	NTON FL R, DAVINDO 17 GS+ SW	34207/	ge Addition 25	
NAME	BHAMBER, DAVINDER S	☐ Delete	TITLE NAME	MARMBE	ROAVIND	CRS Trans	ge □ Addition 5	
STREET ADDRESS CITY-ST-ZIP	5115 N. SOCRUM LOOP ROAD, LAKELAND FL 33809		STREET ADDRESS CITY-ST-ZIP	5250 SARASO	17 ITS+ SW	te7 4235		
TITLE NAME	φ, ¹ ·	☐ Delete	TITLE NAME .			☐ Chang		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	_ 	10001 2 2/11/03010;		1 50.00	
TITLE		☐ Delete	TITLE	<u> </u>				
NAME STREET ADDRESS	. , .		NAME _STREET ADDRESS	l .	100012 2/11/03010	31157		
CITY-ST-ZIP	ه ده هم سميد به سميد د د	~~~~	CITY-ST-ZIP	U	C.1.17.05 (010)	20 DE UET **)	LOU. OU with from	
TITLE NAME		Delete	TITLE NAME	-		☐ Changi	e	
STREET ADDRESS CITY-ST-ZIP	REINSTATEME	NI OFO	STREET ADDRESS CITY-ST-ZIP	i.	٠			
TITLE NAME		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	e Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	ertify that the information	i- fit-	CITY-ST-ZIP					
indicated liab	ertify that the information supplied with the on this report is true and accurate and the oility company or the receiver or trustee e	is filing does not qualify for the at my signature shall have the moowered to execute this ro	ne exemption states same legal effections as required to	ed in Section 119.07 ot as if made under in Chapter 600, 57	7(3)(i), Florida Statutes. I bath; that I am a manag	further certify that the ling member or manar	information ger of the	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURE PROCESSION NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylirre Phone #								