

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002028

**Entity Name:** JOAN D. O'LEARY, M.D., P.L.

**Current Principal Place of Business:**

1555 KINGSLEY AVENUE  
SUITE 401  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1555 KINGSLEY AVENUE  
SUITE 401  
ORANGE PARK, FL 32073

**FEI Number:** 59-3626152

**Certificate of Status Desired:** No

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

O'LEARY, WILLIAM A  
12143 DIVIDING OAKS TRAIL E.  
JACKSONVILLE, FL 32223 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 MGR  
Name O'LEARY, JOAN D  
Address 12143 DIVIDING OAKS TRAIL E.  
City-State-Zip: JACKSONVILLE FL 32223

*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:** JOAN D. O'LEARY

MGR

04/13/2014

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

\_\_\_\_\_  
Date