

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011938

**Entity Name:** NIGEL A. SPIER, M.D., LLC

**Current Principal Place of Business:**

3990 SHERIDAN STREET  
SUITE 207  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3990 SHERIDAN STREET  
SUITE 207  
HOLLYWOOD, FL 33021

**FEI Number:** 65-1046375

**Certificate of Status Desired:** No

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

SPIER, NIGEL AM.D.  
19111 COLLINS AVE  
1102  
SUNNY ISLES BEACH , FL 33160 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 MGRM  
Name SPIER, NIGEL AM.D  
Address 19111 COLLINS AVE  
1102  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** NIGEL SPIER

MGRM

02/05/2015

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

\_\_\_\_\_  
Date