

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018692

Entity Name: MDR TRANSITION, LLC**Current Principal Place of Business:**1530 W. CLEVELAND STREET
TAMPA, FL 33606**Current Mailing Address:**1530 W. CLEVELAND STREET
TAMPA, FL 33606 US**FEI Number:** 32-0000304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, MICHAEL E
1530 W. CLEVELAND STREET
TAMPA, FL 33606 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 LEWIS, MICHAEL E CPA
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title MGRM
Name MCDONALD, TRACEY L CPA
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title MGRM
Name KINDT, MICHAEL D CPA
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title MGRM
Name PHILLIPS, ANTHONY S CPA
Address 1530 W. CLEVELAND STREET
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Title MGRM
Name BIRCH, DOUGLAS R CPA
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Title MGRM
Name GILMAN, CRAIG A CPA
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Title MGRM
Name MILLS, KATHLEEN M CPA
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

Title MGRM
Name ISLER, BETTY CPA
Address 1530 W. CLEVELAND STREET
City-State-Zip: TAMPA FL 33606

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: MICHAEL D KINDT**MGRM****02/23/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date