2018 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 Title MGRM

Name LEWIS, MICHAEL E CPA Name BIRCH, DOUGLAS R CPA
Address 1530 W. CLEVELAND STREET Address 1530 W. CLEVELAND STREET

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title MGRM Title MGRM

Name MCDONALD, TRACEY L CPA Name GILMAN, CRAIG A CPA

Address 1530 W. CLEVELAND STREET Address 1530 W. CLEVELAND STREET

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title MGRM Title MGRM

Name KINDT, MICHAEL D CPA Name MILLS, KATHLEEN M CPA

Address 1530 W. CLEVELAND STREET Address 1530 W. CLEVELAND STREET

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

Title MGRM Title MGRM

Name PHILLIPS, ANTHONY S CPA Name ISLER, BETTY CPA

Address 1530 W. CLEVELAND STREET Address 1530 W. CLEVELAND STREET

City-State-Zip: TAMPA FL 33606 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: KATHLEEN M. MILLS, CPA

04/03/2018

FILED Apr 03, 2018

Secretary of State

CC9208698294

Electronic Signature of Signing Authorized Person(s) Detail

Date