

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020530

**Entity Name:** ALEXANDER MEDICAL GROUP, PLLC

**Current Principal Place of Business:**

12416 66TH STREET NORTH  
SUITE A  
LARGO, FL 33773

**Current Mailing Address:**

12416 66TH STREET NORTH  
SUITE A  
LARGO, FL 33773

**FEI Number: 16-1626040**

**Certificate of Status Desired: No**

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

ALEXANDER, ALLAN J  
12416 66TH STREET NORTH  
SUITE A  
LARGO, FL 33773 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, OWNER  
Name ALEXANDER, VLADIMIR AMD  
Address 12416 66TH STREET NORTH  
City-State-Zip: LARGO FL 33773

Title MGRM  
Name KHONSARI, JENNIFER LPA-C  
Address 12416 66TH STREET NORTH  
City-State-Zip: LARGO FL 33773

Title MGRM  
Name PENELLO, DANIEL MD  
Address 12416 66TH STREET NORTH  
City-State-Zip: LARGO FL 33773

Title MGRM  
Name PERLER, ADAM DR.  
Address 12416 66TH STREET NORTH  
SUITE A  
City-State-Zip: LARGO FL 33773

*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: VLADIMIR A ALEXANDER**

**REGISTERED AGENT**

**01/09/2018**

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

\_\_\_\_\_  
Date