

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022618

**Entity Name:** J.H. CHO, MD, LLC

**Current Principal Place of Business:**

6381 MACLAURIN DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

6381 MACLAURIN DRIVE  
TAMPA, FL 33647 US

**FEI Number:** 20-4359764

**Certificate of Status Desired:** No

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

LEE, HAKSOO STEPHEN  
3804 W. NORTH B STREET  
TAMPA, FL 33609 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:** HAKSOO STEPHEN LEE

02/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER  
Name            CHO, JAI H M.D.  
Address        6381 MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

*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:** CHO , JAI H , M.D.

AUTHORIZED MEMBER

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date