

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010987

**Entity Name:** BURNT STORE FAMILY MEDICINE, P.L.

**Current Principal Place of Business:**

100 MADRID BLVD.  
SUITE 513  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**FEI Number:** 02-0609414

**Certificate of Status Desired:** No

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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           MANAGER  
Name           WANG, GORDON  
Address        100 MADRID BOULEVARD SUITE 513  
City-State-Zip: PUNTA GORDA FL 33950

*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:** GORDON WANG

MANAGER

02/19/2015

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

\_\_\_\_\_  
Date