

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017160

**Entity Name:** PATRICIA HARRISON, M.D., P.L.

**Current Principal Place of Business:**

1025 N. BEAL PKWY  
B-1  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

1025 N. BEAL PKWY  
B-1  
FORT WALTON BEACH, FL 32547

**FEI Number:** 82-0553819

**Certificate of Status Desired:** No

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

MCGILL, ROBERT EIII  
36008 EMERALD COAST PKWY., STE. 301  
DESTIN, FL 32541 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 PATRICIA HARRISON M.D. P.L.  
Address 1025 N. BEAL PKWY SUITE B-1  
City-State-Zip: FORT WALTON BEACH FL 32547

Title OFFICE MANAGER  
Name PANZIK, GREGORY A  
Address 1025 N. BEAL PKWY  
B-1  
City-State-Zip: FORT WALTON BEACH FL 32547

*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:** GREGORY PANZIK

OFFICE MANAGER

02/12/2019

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

\_\_\_\_\_  
Date