

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031455

Entity Name: PASADENA FAMILY MEDICAL ASSOCIATES, L.L.C.

Current Principal Place of Business:

630 PASADERA AVE. SOUTH
SAINT PETERSBURG, FL 33707

Current Mailing Address:

630 PASADERA AVE. SOUTH
SAINT PETERSBURG, FL 33707

FEI Number: 01-0755134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPOSITO, THOMAS E
630 PASADENA AVE S
ST. PETERSBURG, FL 33707 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
Name ESPOSITO, THOMAS EM.D.
Address 630 PASADERA AVE. SOUTH
City-State-Zip: SAINT PETERSBURG FL 33707

Title MGR
Name MURRAY, JOHN VM.D.
Address 630 PASADERA AVE. SOUTH
City-State-Zip: SAINT PETERSBURG FL 33707

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: THOMAS E ESPOSITO

MANAGER

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date