

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011060

Entity Name: ADVANCED GERIATRIC & INTERNAL MEDICINE, P.L.

Current Principal Place of Business:

2320 SOUTH SEACREST BLVD
SUITE 200
BOYNTON BEACH, FL 33435

Current Mailing Address:

2320 SOUTH SEACREST BLVD
SUITE 200
BOYNTON BEACH, FL 33435

FEI Number: 41-2088526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AHEARN, MATTHEW JOHN ESQ
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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 VELEZ-CORTES, SOL E
Address 2320 S. SEACREST BLVD SUITE 200
City-State-Zip: BOYNTON BEACH FL 33435

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: VELEZ-CORTES , SOL E

MD

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date