

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040974

Entity Name: VAN DONGEN MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

599 NINTH STREET NORTH
TIB CENTER
NAPLES, FL 34102

Current Mailing Address:

599 NINTH STREET NORTH
TIB CENTER
NAPLES, FL 34102

FEI Number: 06-1712613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102 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 MANAGING MEMBER
Name J. P. VAN DONGEN M.D., PA
Address 599 NINTH STREET NORTH
 TIB CENTER
City-State-Zip: NAPLES FL 34102

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: J.P. VAN DONGEN M.D., P.A.

PRESIDENT

03/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date