

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025680

Entity Name: VEDA R. VYAS, M.D., LLC

Current Principal Place of Business:

1801 LEE RD
SUITE # 220
WINTER PARK, FL 32789

Current Mailing Address:

1801 LEE RD
SUITE # 220
WINTER PARK, FL 32789 US

FEI Number: 20-0965468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VYAS, VEDA R. DR.
1801 LEE RD #220
WINTER PARK, FL 32789 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: VEDA R. VYAS, M.D.,

03/18/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-------------------------|-----------------|------------------------|
| Title | M.D., /OWNER | Title | AMBR |
| Name | VYAS, VEDA R | Name | ANURADHA, VYAS V |
| Address | 1801 LEE ROAD SUITE 220 | Address | 991 BRIGHTWATER CIRCLE |
| City-State-Zip: | WINTER PARK FL 32789 | City-State-Zip: | MAITLAND FL 32751 |

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: VEDA R. VYAS, M.D.

M.D.,/OWNER

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date