

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035649

Entity Name: FERNHILL FAMILY MEDICINE L.L.C.

Current Principal Place of Business:

4601 N HWY 19 A
MOUNT DORA, FL 32757-2039

Current Mailing Address:

P.O. BOX 396
MOUNT DORA, FL 32756-0396

FEI Number: 51-0508741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOHAN, KUMARAN KMD
2306 GABLES DRIVE
EUSTIS, FL 32726-2080 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 MOHAN, KUMARAN KMD
Address 2306 GABLES DRIVE
City-State-Zip: EUSTIS FL 32726-2080

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: KUMARAN K MOHAN MD

MANAGER

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date