

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042554

Entity Name: THE PHYSICIANS ADVOCATE, LLC

Current Principal Place of Business:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6301 NW 5TH WAY
SUITE 2800
FORT LAUDERDALE, FL 33309 0

FEI Number: 57-1205720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESTERA, CHRISTOPHER
2260 SE 7TH STREET
POMPANO BEACH, FL 33062 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 PRESTERA, CHRISTOPHER
Address 2260 SE 7TH STREET
City-State-Zip: POMPAN BEACH FL 33062

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: CHRISTOPHER PRESTERA

MGR

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date