

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069006

Entity Name: MEDICAL COMPLEX, L.L.C.

Current Principal Place of Business:

6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, JR.
TAMPA, FL 33617-1705

Current Mailing Address:

6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, JR.
TAMPA, FL 33617-1705 US

FEI Number: 20-1646848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEEKLEY, A S JR.
2619 BAYSHORE BLVD.
TAMPA, FL 33629-7317 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: A. S. WEEKLEY, JR.

03/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEEKLEY, A S JR.
Address 6914 EAST FOWLER AVE, SUITE J
City-State-Zip: TAMPA FL 33617-1705

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: A. S. WEEKLEY, JR.

MGR

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date