

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069006

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

Current Principal Place of Business:

670 GENEVA PLACE
TAMPA, FL 33606-3924

Current Mailing Address:

P O BOX 18351
TAMPA, FL 33679-8351 US

FEI Number: 20-1646848

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEEKLEY, A S III
2502 EAST PALM DRIVE
TAMPA, FL 33629-7340 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, III

04/28/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	WEEKLEY, A S III	Name	WEEKLEY, PAUL M ESQ.
Address	P O BOX 18351	Address	P O BOX 18351
City-State-Zip:	TAMPA FL 33679-8351	City-State-Zip:	TAMPA FL 33679-8351

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, III

MGR

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date