

2019 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
TEMPLE TERRACE, FL 33617-1705

Current Mailing Address:

6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, III
TEMPLE TERRACE, FL 33617-1705 US

FEI Number: 20-1646848

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEEKLEY, A S III
6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, III
TEMPLE TERRACE, FL 33617-1705 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

03/12/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEEKLEY, A S III
Address 6914 EAST FOWLER AVE, SUITE J
City-State-Zip: TEMPLE TERRACE FL 33617-1705

Title MANAGER
Name WEEKLEY, PAUL M ESQ.
Address 6914 EAST FOWLER AVE, SUITE J
C/O A. S. WEEKLEY, III
City-State-Zip: TEMPLE TERRACE 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: PAUL M. WEEKLEY

MANAGER

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date