

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000017434

**Entity Name:** PALM HARBOR MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**FEI Number:** 59-3089120

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN SESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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 TARPON SPRINGS MEDICAL ASSOC.,  
LLC  
Address 3820 TAMPA ROAD SUITE 202  
City-State-Zip: PALM HARBOR FL 34684

*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:** ARON SCHLAU

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date