

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024802

**Entity Name:** MIDPOINT MEDICAL MOB, LLC

**Current Principal Place of Business:**

435 5TH AVE N  
SUITE 200  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

435 5TH AVE N  
SUITE 200  
ST PETERSBURG, FL 33701 US

**FEI Number:** 20-4676385

**Certificate of Status Desired:** No

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

SANDERS LAW GROUP, PA  
2958 1ST AVENUE N.  
ST PETERSBURG, FL 33713 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:** CHRISTOPHER C. SANDERS, ESQ

02/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	DIRECTOR
Name	MARSTON, R. PATRICK	Name	DUNLAY, KIM
Address	435 5TH AVE N SUITE 200	Address	435 5TH AVE N SUITE 200
City-State-Zip:	ST PETERSBURG FL 33701	City-State-Zip:	ST PETERSBURG FL 33701

*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:** KIM DUNLAY

**DIRECTOR**

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date