

2015 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

02/26/2015

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

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date