

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120291

Entity Name: DRS. AKEL & FAVALE, P.L.

Current Principal Place of Business:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

Current Mailing Address:

953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

FEI Number: 20-3991191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAVALE, ANTHONY FO.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205 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 ANTHONY FAVALE, O.D., P.A.
Address 953 LANE AVENUE SOUTH
City-State-Zip: JACKSONVILLE FL 32205

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: ANTHONY F FAVALE

MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date