

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018026

**Entity Name:** JM FAMILY MEDICAL WALK-IN CLINIC, LLC

**Current Principal Place of Business:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**Current Mailing Address:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**FEI Number:** 20-4374008

**Certificate of Status Desired:** No

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

MEYER, JOHN WJR  
6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231 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 MGRM  
Name MEYER, JOHN WJR  
Address 6813 SOUTH TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title MGRM  
Name MEYER, JOHN  
Address 6813 SOUTH TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

*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:** JOHN W MEYER

**PRESIDENT**

**02/28/2014**

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

\_\_\_\_\_  
Date