

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064827

Entity Name: CENTRAL FLORIDA INTERNAL MEDICINE ASSOCIATES, P.L.**Current Principal Place of Business:**4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812**Current Mailing Address:**4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812 US**FEI Number:** 20-5104499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** DOREEN S. HAESELN, ASST. V.P.

03/22/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT, CEO
Name PICHARDO, NELSON M.D.
Address 4725 US HIGHWAY 98 S
SUITE 101
City-State-Zip: LAKELAND FL 33812

Title MANAGER AND COO
Name PICHARDO, PATRICIA
Address 4725 US HIGHWAY 98 S
SUITE 101
City-State-Zip: LAKELAND FL 33812

Title MANAGER
Name CANTO, EDUARDO M.D.
Address 4725 US HIGHWAY 98 S
SUITE 101
City-State-Zip: LAKELAND FL 33812

Title VICE-PRESIDENT
Name WALTER, JOSEPH
Address 4725 US HIGHWAY 98 S
SUITE 101
City-State-Zip: LAKELAND FL 33812

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: PATRICIA PICHARDO

MANAGER

03/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date