

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013840

Entity Name: LINDO MEDICAL CARE, LLC

Current Principal Place of Business:

10045 CORTEZ BLVD
SUITE 154
BROOKSVILLE, FL 34613

Current Mailing Address:

10045 CORTEZ BLVD
SUITE 154
BROOKSVILLE, FL 34613 US

FEI Number: 20-8395918

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LINDO, OSCAR JM.D.
10045 CORTEZ BLVD
SUITE 154
BROOKSVILLE, FL 34613 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 LINDO, OSCAR JM.D.
Address 10045 CORTEZ BLVD, SUITE 154
City-State-Zip: BROOKSVILLE FL 34613

Title OFFICE ADMINISTRATOR
Name LINDO ZELEDON, OSCAR J JR.
Address 10045 CORTEZ BLVD
SUITE 154
City-State-Zip: BROOKSVILLE FL 34613

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: OSCAR LINDO

MD

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date