

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075767

Entity Name: LINKS MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
SUITE 320
WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY
SUITE 320
WINDERMERE, FL 34786

FEI Number: 26-1213388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OFOKANSI, DAVIDSON
13506 SUMMERPORT VILLAGE PKWY
SUITE 320
ORLANDO, FL 34786 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	Title	MGRM
Name	OFOKANSI, DAVIDSON C	Name	OFOKANSI, ESTHER I
Address	13506 SUMMERPORT VILLAGE PKWY, #320	Address	13506 SUMMERPORT VILLAGE PKWY #320
City-State-Zip:	ORLANDO FL 34786	City-State-Zip:	ORLANDO FL 34786

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: DAVIDSON OFOKANSI

PRESIDENT

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date