**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 03, 2014**
**Secretary of State**
**CC2506113684**

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 04/03/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date