

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077575

Entity Name: BRIAN D. HAAS, M.D., P.L.**Current Principal Place of Business:**415 BRIERCLIFF DRIVE
ORLANDO, FL 32806**Current Mailing Address:**415 BRIERCLIFF DRIVE
ORLANDO, FL 32806**FEI Number:** 26-0609217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAAS, BRIAN D DR.
283 CRANES ROOST BLVD
SUITE 165
ALTAMONTE SPRINGS, FL 32701 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:** BRIAN D. HAAS MD

02/05/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	HAAS, BRIAN DM.D.
Address	415 BRIERCLIFF DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	OFFICE MANAGER
Name	PALM, WANDA O
Address	415 BRIERCLIFF DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	OFFICE MANAGER
Name	PALM, WANDA O
Address	415 BRIERCLIFF DRIVE
City-State-Zip:	ORLANDO FL 32806

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: WANDA O PALM

OFFICE MANAGER

02/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date