

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089965

Entity Name: THEODORE KATSNELSON M.D. LLC

Current Principal Place of Business:

1865 S.OCEAN DR.
14 A
HALLANDALE, FL 33009

Current Mailing Address:

1865 S.OCEAN DR.
14A
HALLANDALE, FL 33009

FEI Number: 26-0844320

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUENTE, JIM CPA
11120 N. KENDALL DRIVE, SUITE 200
MIAMI, FL 33176 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 MGR
Name KATSNELSON, THEODORE
Address 1865 S.OCEAN DR
City-State-Zip: HALLANDALE FL 33009

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: THEODORE KATSNELSON

OWNER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date