

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106316

**Entity Name:** VISIONARY GYNECOLOGY, PL

**Current Principal Place of Business:**

2695 ULMERTON RD  
CLEARWATER, FL 33762

**Current Mailing Address:**

2840 WEST BAY DRIVE  
#128  
BELLEAIR BLUFFS, FL 33770

**FEI Number:** 26-1316268

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALDER, LYNNE ESQ.  
425 22ND AVE. NORTH  
SUITE D  
ST PETERSBURG, FL 33704 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 HAYES, JENNIFER S DR.  
Address 2840 WEST BAY DRIVE #128  
City-State-Zip: BELLEAIR BLUFFS FL 33770

*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:** JENNIFER S HAYES

**MANAGING MEMBER**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date