

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024736

Entity Name: CONSTANCE B. PURSER, M.D., P.L.

Current Principal Place of Business:

8936 77TH TERRACE EAST, SUITE 102
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8936 77TH TERRACE EAST, SUITE 102
LAKEWOOD RANCH, FL 34202

FEI Number: 41-2271731

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PURSER, CONSTANCE B
8936 77TH TERRACE EAST, SUITE 102
LAKEWOOD RANCH, FL 34202 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 PURSER, CONSTANCE BM.D.
Address 8936 77TH TERRACE EAST, SUITE
102
City-State-Zip: LAKEWOOD RANCH FL 34202

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: CONSTANCE B PURSER

OWNER

01/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date