2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2016
Secretary of State
CC9772030035

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Entity Name: ENDOCRINE CLINIC OF WEST FLORIDA, LLC

Current Principal Place of Business:

505 BEACHLAND BLVD
APT 131
VERO BEACH, FL 32963

Current Mailing Address:

505 BEACHLAND BLVD
APT 131
VERO BEACH, FL 32963 US

FEI Number: 26-3524765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL 32204 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	CASTRO, ARTURO MD
Address	505 BEACHLAND BLVD APT 131
City-State-Zip:	VERO BEACH FL 32963

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: ARTURO CASTRO PRESIDENT 04/16/2016

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