

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039274

Entity Name: BARBARA A. LUBIN, M.D. LLC

Current Principal Place of Business:

4472 BAY POINT RD
PANAMA CITY, FL 32411

Current Mailing Address:

P O BOX 27434
PANAMA CITY, FL 32411

FEI Number: 27-0191235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUBIN, BARBARA A
4472 BAY POINT RD
PANAMA CITY, FL 32411 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 LUBIN, BARBARA A
Address P O BOX 27434
City-State-Zip: PANAMA CITY FL 32411

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: BARBARA LUBIN

MEMB-MGR

03/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date