

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000062389

**Entity Name:** CAROL GRANT, MD, LLC

**Current Principal Place of Business:**

2212 S. CHICKASAW TRL  
SUITE 208  
ORLANDO, FL 32825

**Current Mailing Address:**

2212 S. CHICKASAW TRL  
SUITE 208  
ORLANDO, FL 32825 US

**FEI Number:** 27-0451216

**Certificate of Status Desired:** Yes

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

GRANT, MD, CAROL  
2212 S. CHICKASAW TRL  
SUITE 208  
ORLANDO, FL 32825 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 GRANT, MD, CAROL  
Address 2212 S. CHICKASAW TRL  
City-State-Zip: ORLANDO FL 32825

*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:** GRANT, MD , CAROL

MGRM

04/30/2019

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

\_\_\_\_\_  
Date