

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108518

Entity Name: CAROLYN CHOW, M.D., L.L.C.

Current Principal Place of Business:

7252 GULF WAY
HUDSON, FL 34667

Current Mailing Address:

4400 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487 US

FEI Number: 80-0498174

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOW, CAROLYN E DR.
7252 GULF WAY
HUDSON, FL 34667 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: CAROLYN E. CHOW

01/06/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CHOW, CAROLYN MD
Address 7252 GULF WAY
City-State-Zip: HUDSON FL 34667

Title MGRM
Name CHOW, MONIKA Y
Address 7252 GULF WAY
City-State-Zip: HUDSON FL 34667

Title MGRM
Name CHOW, SAMSON
Address 7252 GULF WAY
City-State-Zip: HUDSON FL 34667

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: CAROLYN CHOW

DIRECTOR

01/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date