

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108518

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

**Current Principal Place of Business:**

4400 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487

**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.  
4400 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487 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

04/13/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHOW, CAROLYN MD  
Address 4400 SOUTH OCEAN BLVD  
City-State-Zip: HIGHLAND BEACH FL 33487

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**

04/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date