

2018 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

04/17/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	CHOW, CAROLYN MD	Name	CHOW, MONIKA Y
Address	4400 SOUTH OCEAN BLVD	Address	7252 GULF WAY
City-State-Zip:	HIGHLAND BEACH FL 33487	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

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date