

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029722

**Entity Name:** TEQUESTA MEDICAL SERVICES LLC

**Current Principal Place of Business:**

1240 US HWY 1 SUITE 200  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

1240 US HWY 1 SUITE 200  
NORTH PALM BEACH, FL 33408

**FEI Number:** 90-0544002

**Certificate of Status Desired:** No

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

NORMAN, KENNETH A  
2400 SE FEDERAL HIGHWAY  
FOURTH FLOOR  
STUART, FL 34994 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 ACKNER, JASON T  
Address 1240 US HWY 1 SUITE 200  
City-State-Zip: NORTH PALM BEACH FL 33408

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON ACKNER \_\_\_\_\_

MANAGING MEMBER

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date