

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

JECK, HARRIS, RAYNOR & JONES, PA
790 JUNO OCEAN WALK
SUITE 600
JUNO BEACH, FL 33408-1121 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: JEFFREY S. RAYNOR

08/11/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MY 5 KIDS, LLC
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON T. ACKNER

MGR

08/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date