

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043857

Entity Name: V.I.P. MEDICAL SERVICES, LLC

Current Principal Place of Business:

1855 VETERANS PARK DR., STE 102
NAPLES, FL 34109

Current Mailing Address:

1855 VETERANS PARK DR., STE 102
NAPLES, FL 34109 US

FEI Number: 27-4333485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERYL R. KRAUS
1072 GOODLETTE ROAD NORTH
NAPLES, FL 34102 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 MRGM
Name LEE, BRIAN D
Address 1855 VETERANS PARK DR., STE 102
City-State-Zip: NAPLES FL 34109

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: BRIAN D. LEE

PRESIDENT

02/23/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date