

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063869

**Entity Name:** HEALTHNOW FAMILY PRACTICE LLC

**Current Principal Place of Business:**

2086 GULF TO BAY BLVD  
CLEARWATER, FL 33765

**Current Mailing Address:**

2086 GULF TO BAY BLVD  
CLEARWATER, FL 33765 US

**FEI Number:** 27-2883219

**Certificate of Status Desired:** No

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

NGO, ANTHONY DR.  
2086 GULF TO BAY BLVD  
CLEARWATER, FL 33765 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:** ANTHONY NGO

03/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name NGO, ANTHONY  
Address 2086 GULF TO BAY BLVD  
City-State-Zip: CLEARWATER FL 33765

Title MANAGER  
Name NGO, KATHLEEN  
Address 2086 GULF TO BAY BLVD  
City-State-Zip: CLEARWATER FL 33765

*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:** KATHLEEN NGO

MGR

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date