## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070627

Entity Name: MEDICAL ADVISORS, LLC

**Current Principal Place of Business:** 

1333 3RD AVE. S. #101 NAPLES. FL 34102

**Current Mailing Address:** 

1333 3RD AVE. S. #101 NAPLES, FL 34102 US

FEI Number: 27-3238152 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLOHN, WILLIAM L. 1333 3RD AVE. S. #101 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: WILLIAM L. KLOHN 04/22/2019

Electronic Signature of Registered Agent

Date

FILED Apr 22, 2019

**Secretary of State** 

8254341582CC

## Authorized Person(s) Detail:

Title MGR

Name KLOHN, WILLIAM L
Address 1333 3RD AVE. S. #101
City-State-Zip: NAPLES FL 34102

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail