

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074352

Entity Name: GULF VIEW MEDICAL INSTITUTE PLLC

Current Principal Place of Business:

713 E. MARION AVE., SUITE 121
PUNTA GORDA, FL 33950

Current Mailing Address:

713 E. MARION AVE., SUITE 121
PUNTA GORDA, FL 33950

FEI Number: 27-3097057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIDSON AND NICK, CPAS
2400 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 34103 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 MGR
Name RAVID, JOSEPH
Address 713 E. MARION AVE., SUITE 121
City-State-Zip: PUNTA GORDA FL 33950

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: JOSEPH RAVID, MD

PRESIDENT

03/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date