

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105361

**Entity Name:** MEDICAL HOME, PL

**Current Principal Place of Business:**

490 LIDO WAY NE  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

490 LIDO WAY NE  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 27-3640754

**Certificate of Status Desired:** No

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

CLARK, FRED E III  
490 LIDO WAY NE  
SAINT PETERSBURG, FL 33704 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:** FRED E. CLARK III

02/14/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WANG, HUI-PING  
Address 5199 6TH ST. N  
City-State-Zip: SAINT PETERSBURG FL 33703

Title MGR  
Name CLARK, FRED E III  
Address 490 LIDO WAY NE  
City-State-Zip: SAINT PETERSBURG FL 33704

*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:** FRED E. CLARK III

M.D.

02/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date