

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115424

Entity Name: UPSTREAM MEDICAL CONSULTS, PLLC

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
SUITE 255
BONITA SPRINGS, FL 34134

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD
SUITE 255
BONITA SPRINGS, FL 34134 US

FEI Number: 20-3468857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, ZORAYDA JMD
27499 RIVERVIEW CENTER BLVD
SUITE 255
BONITA SPRINGS, FL 34134 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 MGMR
Name TORRES, ZORAYDA J DR.
Address 27499 RIVERVIEW CENTER BLVD
SUITE 255
City-State-Zip: BONITA SPRINGS FL 34134

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: ZORAYDA TORRES

MANAGER

01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date