

**2017 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**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date