

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141282

**Entity Name:** M. DELCHARCO, JR., M.D., L.L.C.

**Current Principal Place of Business:**

2801 S.E. 1ST AVENUE  
SUITE 101  
OCALA, FL 34471

**Current Mailing Address:**

1501 YAMATO ROAD SUITE 200 W  
BOCA RATON, FL 33431 US

**FEI Number:** 45-4071693

**Certificate of Status Desired:** No

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

UPM SERVICE CORP  
1501 YAMATO ROAD SUITE 200 W  
BOCA RATON, FL 33431 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:** SUELING CHRISTOPHER

02/02/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FLORIDA WOMEN CARE, LLC  
Address 660 GLADES ROAD  
SUITE #340  
City-State-Zip: BOCA RATON FL 33431

*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:** FLORIDA WOMEN CARE, L.L.C.

MGRM

02/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date