

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019072

**Entity Name:** CHRISTIAN ELLIS MD PLC

**Current Principal Place of Business:**

300 DUNES BLVD  
APT. 704  
NAPLES, FL 34110

**Current Mailing Address:**

300 DUNES BLVD  
APT. 704  
NAPLES, FL 34110

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JAMESON VICARS & COMPANY CPAS  
100 WALLACE AVENUE  
SUITE 380  
SARASOTA, FL 34237 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:** JAMESON VICARS

03/10/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ELLIS, CHRISTIAN M.D.  
Address 300 DUNES BLVD, APT 704  
City-State-Zip: NAPLES FL 34110

*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:** CHRISTIAN ELLIS

MANAGER

03/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date