

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000026465

Entity Name: CHRISTOPHER JONES, MD., LLC

Current Principal Place of Business:

14910 NORTH DALE MABRY HIGHWAY
#340115
TAMPA, FL 33694

Current Mailing Address:

14910 NORTH DALE MABRY HIGHWAY
#340115
TAMPA, FL 33694 US

FEI Number: 45-4728907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CHRISTOPHER
5409 WINHAWK WAY
LUTZ, FL 33558 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 MGRM
Name JONES, CHRISTOPHER
Address 14910 NORTH DALE MABRY HIGHWAY
#340115
City-State-Zip: TAMPA FL 33694

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: CHRISTOPHER JONES

MD

01/12/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date