

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000055278

Entity Name: DR. GIOVANNI BAULA, PLLC

Current Principal Place of Business:

3600 CENTRAL AVENUE
ST. PETERSBURG, FL 33711

Current Mailing Address:

2849 SEABREEZE DRIVE S.
GULFPORT, FL 33707

FEI Number: 45-5540640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAULA, SHERYL E
2849 SEABREEZE DRIVE S.
GULFPORT, FL 33707 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 MRGM
Name BAULA, GIOVANNI
Address 2849 SEABREEZE DRIVE S.
City-State-Zip: GULFPORT FL 33707

Title MGRM
Name BAULA, SHERYL E
Address 2849 SEABREEZE DRIVE S.
City-State-Zip: GULFPORT FL 33707

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: GIOVANNI BAULA

PRESIDENT

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date