# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000057255

Entity Name: LUISA GOMEZ MCELROY, M.D., PL

### **Current Principal Place of Business:**

10860 SHELDON RD TAMPA, FL 33626

# **Current Mailing Address:**

10860 SHELDON ROAD TAMPA, FL 33626 US

# FEI Number: 45-5166534

Name and Address of Current Registered Agent:

WALKER, GARY 202 S. ROME AVENUE SUITE 100 TAMPA, FL 33606 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

# Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	MCELROY, LUISA GM.D.	Name	DOBBS, ROBERT L
Address	10860 SHELDON RD.	Address	235 2ND AVENUE SOUTH
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	ST. PETERSBURG FL 33701

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: LUISA GOMEZ MCELROY, MD

MANAGER

04/22/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2016 Secretary of State CC6823898445

Certificate of Status Desired: No

Date