

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069447

Entity Name: DOKUMAMA MEDICAL, LLC

Current Principal Place of Business:

5424 SIESTA COVE DRIVE
SARASOTA, FL 34242

Current Mailing Address:

5424 SIESTA COVE DRIVE
SARASOTA, FL 34242 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
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: BRUCE P. CHAPNICK, ESQ.

04/06/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KUPERMAN, MD, DOUGLAS A
Address 5424 SIESTA COVE DRIVE
City-State-Zip: SARASOTA FL 34242

Title MANAGER
Name MAGUIRE, MAUREEN A
Address 5424 SIESTA COVE DRIVE
City-State-Zip: SARASOTA FL 34242

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: MAUREEN A MAGUIRE

MANAGING PARTNER

04/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date