

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072352

Entity Name: GOODMAN MEDICAL ASSOCIATES PLLC

Current Principal Place of Business:

460 LAKE ROAD
LAKE MARY, FL 32746

Current Mailing Address:

460 LAKE ROAD
LAKE MARY, FL 32746

FEI Number: 45-5409994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODMAN, GARY A DR.
460 LAKE ROAD
LAKE MARY, FL 32746 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: GARY ALLEN GOODMAN, MD

01/24/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GOODMAN, GARY A DR.
Address 460 LAKE ROAD
City-State-Zip: LAKE MARY FL 32746

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: DR, GARY A, GOODMAN

CEO

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date