

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000075656

**Entity Name:** CAMILLE BUSSOTTI,PH.D., LLC

**Current Principal Place of Business:**

2147 SOUTH TAMIAMI TRAIL  
SUITE 47  
OSPREY, FL 34229

**Current Mailing Address:**

2175 SOUTH TAMIAMI TRAIL  
SUITE 75  
OSPREY, FL 34229

**FEI Number:** 36-4736823

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BUSSOTTI, CAMILLE  
2147 SOUTH TAMIAMI TRAIL  
STE 47  
OSPREY, FL 34229 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 BUSSOTTI, CAMILLE  
Address 2147 SOUTH TAMIAMI TRAIL  
SUITE 47  
City-State-Zip: OSPREY FL 34229

*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:** CAMILLE BUSSOTTI

**MANAGER**

**04/20/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date