

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095125

**Entity Name:** MDS DISABILITY ADVOCATES, LLC

**Current Principal Place of Business:**

780 DELTONA BOULEVARD  
102  
DELTONA, FL 32725

**Current Mailing Address:**

780 DELTONA BOULEVARD  
102  
DELTONA, FL 32725 US

**FEI Number:** 35-2450842

**Certificate of Status Desired:** Yes

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

SANTANA, MARIA D  
780 DELTONA BOULEVARD  
102  
DELTONA, FL 32725 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 SANTANA, MARIA D  
Address 780 DELTONA BOULEVARD SUITE 102  
City-State-Zip: DELTONA FL 32725

Title MGRM  
Name SANTANA, ELIEZER  
Address 780 DELTONA BOULEVARD SUITE 102  
City-State-Zip: DELTONA FL 32725

Title MGR  
Name MENDEZ, ROSEMARIE  
Address 780 DELTONA BOULEVARD SUITE 102  
City-State-Zip: DELTONA FL 32725

*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:** MARIA D. SANTANA

**MGRM**

**01/11/2017**

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

\_\_\_\_\_  
Date