Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000098957

Entity Name: FAMILY MEDICAL DOCTORS, LLC

Current Principal Place of Business:

8140 PICTON WAY SUITE-102 TRINITY, FL 34655

Current Mailing Address:

8140 PICTON WAY SUITE-102 TRINITY, FL 34655 US

FEI Number: 46-0700447

Name and Address of Current Registered Agent:

DESAI, BHARAT 3746 PRESIDENTIAL DRIVE PALM HARBOR, FL 34685 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	MEMEBER
Name	DESAI, BHARAT	Name	DESAI, NILESH
Address	3746 PRESIDENTIAL DRIVE	Address	8140 PICTON WAY SUITE-102
City-State-Zip:	PALM HARBOR FL 34685	City-State-Zip:	TRINITY FL 34655

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: BHARAT DESAI

MANAGER

05/04/2016

Date

Date

FILED May 04, 2016 Secretary of State CC6782399991

Certificate of Status Desired: No