## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000098957

Entity Name: FAMILY MEDICAL DOCTORS, LLC

**Current Principal Place of Business:** 

8140 PICTON WAY SUITE-102 TRINITY, FL 34655

**FILED** Jan 29, 2019 **Secretary of State** 1426782696CC

## **Current Mailing Address:**

8140 PICTON WAY SUITE-102 TRINITY, FL 34655 US

FEI Number: 46-0700447 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PARRISH, LAURIE 8140 PICTON WAY SUITE 102 TRINITY, FL 34655 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: LAURIE PARRISH 01/29/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title **MEMEBER** Name DESAI, BHARAT Name DESAI, NILESH

3746 PRESIDENTIAL DRIVE 8140 PICTON WAY Address Address

SUITE-102 PALM HARBOR FL 34685

City-State-Zip: City-State-Zip: TRINITY FL 34655

Title **SECRETARY** Name DESAI, MEENA B 8140 PICTON WAY Address

SUITE-102

TRINITY FL 34655 City-State-Zip:

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.

01/29/2019 SIGNATURE: BHARAT DESAI **OWNER**