

**2016 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**  
**Feb 01, 2016**  
**Secretary of State**  
**CC0136986997**

**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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DESAI, BHARAT  
Address 3746 PRESIDENTIAL DRIVE  
City-State-Zip: PALM HARBOR FL 34685

Title MEMEBER  
Name DESAI, NILESH  
Address 8140 PICTON WAY  
SUITE-102  
City-State-Zip: TRINITY FL 34655

Title MANAGING MEMBER  
Name DESAI, MEENA B  
Address 8140 PICTON WAY  
SUITE-102  
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

**PRESIDENT**

**02/01/2016**

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

\_\_\_\_\_  
Date