

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000143245

**Entity Name:** FANA MEDICAL GROUP - NEW PORT RICHEY, L.L.C.

**Current Principal Place of Business:**

5798 38TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

ATTENTION: DIANE L. SMITH, MBA  
5537 GULF DRIVE  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 61-1702060

**Certificate of Status Desired:** No

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

GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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 FANA, MIGUEL  
Address 5798 38TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** MIGUEL A. FANA, MD

**PRESIDENT/MEDICAL  
DIRECTOR**

**04/10/2014**

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

\_\_\_\_\_ Date