

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017332

**Entity Name:** ALICE LOVELL, PH.D, RN, LLC

**Current Principal Place of Business:**

5358 DEL MONTE CT.  
CAPE CORAL, FL 33904

**Current Mailing Address:**

5358 DEL MONTE CT  
CAPE CORAL, FL 33904 US

**FEI Number:** 12-2553781

**Certificate of Status Desired:** No

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

LOVELL, ALICE DR.  
5358 DEL MONTE CT  
CAPE CORAL, FL 33904 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:** ALICE LOVELL PHD, RN

01/11/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PHD, RN  
Name LOVELL, ALICE  
Address 5358 DEL MONTE CT.  
City-State-Zip: CAPE CORAL FL 33904

*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:** ALICE LOVELL

PHD, RN

01/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date