

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113009

**Entity Name:** SHARON NICKELL-OLM M.D. FAMILY MEDICAL CENTER L.L.C.

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1734855441**

**Current Principal Place of Business:**

15519 U S HIGHWAY 441  
104-A  
EUSTIS, FL 32726

**Current Mailing Address:**

15519 U S HIGHWAY 441  
104-A  
EUSTIS, FL 32726 US

**FEI Number: 46-3633239**

**Certificate of Status Desired: Yes**

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

OLM, MICHAEL E  
15519 U S HIGHWAY 441  
104-A  
EUSTIS, FL 32726 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 OLM, MICHAEL E  
Address 15519 U S HIGHWAY 441  
City-State-Zip: EUSTIS FL 32726

*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: MICHAEL E. OLM**

**MGR**

**04/30/2015**

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

\_\_\_\_\_  
Date