

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000113009

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

FILED
Apr 30, 2014
Secretary of State
CC2290311731

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

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date