

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000126959

Entity Name: ACCREDITED MEDICAL PROVIDERS, LLC

Current Principal Place of Business:

451 SW BETHANY DRIVE
201
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

7675 WEXFORD WAY
PORT SAINT LUCIE, FL 34986

FEI Number: 46-3595436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEEGER, ALLEN R MD
7675 WEXFORD WAY
PORT SAINT LUCIE, FL 34986 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 SEEGER, ALLEN R MD
Address 7675 WEXFORD WAY
City-State-Zip: PORT SAINT LUCIE FL 34986

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: ALLEN R SEEGER

OWNER

03/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date