2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
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Entity Name: JOHN S. KOPPMAN, MD, PLLC

Current Principal Place of Business:

201 HEALTH PARK BLVD, SUITE 103
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

201 HEALTH PARK BLVD, SUITE 103
SAINT AUGUSTINE, FL 32086 US

FEI Number: 46-3673621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOPPMAN, JENNIFER D
540 BAREFOOT TRACE CIRCLE
SAINT AUGUSTINE, FL 32080 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	KOPPMAN, JOHN S MD
Address	540 BAREFOOT TRACE CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

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: JOHN S. KOPPMAN, MD MANAGER 02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date