

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000158633

Entity Name: EVIDENCE BASED MEDICINE, LLC

Current Principal Place of Business:

1639 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309

Current Mailing Address:

PO BOX 14126
TALLAHASSEE, FL 32317 US

FEI Number: 37-1752135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCORD, III, GUYTE P
503 VINNEDGE RIDE
TALLAHASSEE, FL 32303 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 VICKERS,JR, BOBBY M
Address 1639 VILLAGE SQUARE BLVD
City-State-Zip: TALLAHASSEE FL 32309

Title MGR
Name DAVIS,JR, WILBURN T
Address 1639 VILLAGE SQUARE BLVD
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER
Name DAVIS, WILBURN T III
Address 1639 VILLAGE SQUARE BLVD
City-State-Zip: TALLAHASSEE FL 32309

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: VICKERS,JR , BOBBY M

MANAGING PARTNER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date