

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162678

**Entity Name:** KELLER MEDICAL MANAGEMENT LLC

**Current Principal Place of Business:**

7469 NW 4TH ST  
PLANTATION, FL 33317

**Current Mailing Address:**

7469 NW 4TH ST  
PLANTATION, FL 33317 US

**FEI Number:** 46-4169491

**Certificate of Status Desired:** No

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

KELLER, NATHANIEL A  
7469 NW 4TH ST  
PLANTATION, FL 33317 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            MGRM  
Name            KELLER, NATHANIEL A  
Address        7469 NW 4TH ST  
City-State-Zip: PLANTATION FL 33317

*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:** NATHANIEL KELLER

MGR

04/22/2015

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

\_\_\_\_\_ Date