

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000166192

Entity Name: ANTHONY M WOOLF MD LLC

Current Principal Place of Business:

76 W. SURFSIDE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

76 W. SURFSIDE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 46-4189185

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 WOOLF, ANTHONY M DR.
Address 76 W. SURFSIDE DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

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: ANTHONY WOOLF

MANAGER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date