

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166743

**Entity Name:** V.Q.O.L. PRIMARY CARE PHYSICIAN L.L.C.

**Current Principal Place of Business:**

1014 E. NORTH BLVD.  
LEESBURG, FL 34748

**Current Mailing Address:**

P.O. BOX 490625  
LEESBURG, FL 34749 US

**FEI Number:** 46-4217585

**Certificate of Status Desired:** Yes

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

DANOIS, CLAUDE MD  
9243 SAN JOSE BLVD  
HOWEY IN THE HILLS, FL 34737 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 DANOIS, CLAUDE MD  
Address 9243 SAN JOSE BLVD  
City-State-Zip: HOWEY IN THE HILLS FL 34737

*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:** CLAUDE DANOIS

MGR

06/15/2015

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

\_\_\_\_\_ Date