

2018 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: No

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

MANAGER

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date