

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000173950

Entity Name: TRANSFORMATIVE CARE GROUP, LLC

Current Principal Place of Business:

11945 SAN JOSE BLVD BLDG 300
JACKSONVILLE, FL 32223

Current Mailing Address:

11945 SAN JOSE BLVD BLDG 300
JACKSONVILLE, FL 32223

FEI Number: 46-4535958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERLIN, JOHN
11945 SAN JOSE BLVD BLDG 300
JACKSONVILLE, FL 32223 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 NORTH FLORIDA SURGEONS P.A.
Address 11945 SAN JOSE BLVD BLDG 300
City-State-Zip: JACKSONVILLE FL 32223

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: JOHN BERLIN

REGISTERED AGENT

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date