

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000013213

**Entity Name:** MORELAND MEDICAL LLC

**Current Principal Place of Business:**

505 BEACHLAND BLVD  
SUITE 1-130  
VERO BEACH, FL 32963

**Current Mailing Address:**

505 BEACHLAND BLVD  
SUITE 1-130  
VERO BEACH, FL 32963 US

**FEI Number:** 46-5252501

**Certificate of Status Desired:** No

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

MORELAND, DOUGLAS W  
505 BEACHLAND BLVD  
SUITE 1-130  
VERO BEACH, FL 32963 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           MANAGER, AUTHORIZED MEMBER  
Name           MORELAND, DOUGLAS W  
Address        505 BEACHLAND BLVD  
                  SUITE 1-130  
City-State-Zip: VERO BEACH FL 32963

Title           MANAGER, AUTHORIZED MEMBER  
Name           MORELAND, JULIE A  
Address        505 BEACHLAND BLVD  
                  SUITE 1-130  
City-State-Zip: VERO BEACH FL 32963

*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:** JULIE MORELAND

**MANAGER**

**03/20/2019**

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

\_\_\_\_\_  
Date