

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000015874

Entity Name: W. NORMAN SCOTT, M.D. CONSULTING, LLC

Current Principal Place of Business:

21 HALFWAY ROAD
KEY LARGO, FL 33037

Current Mailing Address:

21 HALFWAY ROAD
KEY LARGO, FL 33037

FEI Number: 46-5661321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, W. NORMAN
21 HALFWAY ROAD
KEY LARGO, FL 33037 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 SCOTT, W. NORMAN
Address 21 HALFWAY ROAD
City-State-Zip: KEY LARGO FL 33037

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: W. NORMAN SCOTT

MANAGER

02/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date