

**2017 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

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date