

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000050327

Entity Name: MEDPROPHET,LLC

Current Principal Place of Business:

1242 SW PINE ISLAND RD. #523
CAPE CORAL, FL 33991

Current Mailing Address:

1242 SW PINE ISLAND RD. #523
CAPE CORAL, FL 33991 US

FEI Number: 46-5215328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINSTEAD, RUSSELL A
3230 SW 4TH TERRACE
CAPE CORAL, FL 33991 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 AMBR
Name WINSTEAD, RUSSELL A
Address 1242 SW PINE ISLAND RD. #523
City-State-Zip: CAPE CORAL FL 33991

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: RUSSELL A. WINSTEAD

AMBR

04/20/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date