

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053982

Entity Name: MSB INTEGRATIVE PRIMARY CARE, LLC

Current Principal Place of Business:

401 CORBETT STREET
340
BELLEAIR, FL 33756

Current Mailing Address:

401 CORBETT STREET
340
BELLEAIR, FL 33756

FEI Number: 46-5277223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOSS, ARRIGHI & HOAG, P.L.
9887 4TH STREET N
SUITE 202
ST. PETERSBURG, FL 33702 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 BRITT, SANDRA L
Address 12002 ANCHOR WAY
City-State-Zip: LARGO FL 33778

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: SANDRA BRITT

MANAGER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date