

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101669

Entity Name: PHYSICIAN'S CHOICE SERVICES, LLC

Current Principal Place of Business:

1505 N. FLORIDA AVENUE
TAMPA, FL 33601

Current Mailing Address:

1505 N. FLORIDA AVENUE
TAMPA, FL 33601 US

FEI Number: 47-1198891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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 LEISURE, JODI
Address 622 BYPASS DRIVE
City-State-Zip: CLEARWATER FL 33764

Title MGR
Name CLARKE, PHILIP
Address 1505 N. FLORIDA AVENUE
City-State-Zip: TAMPA FL 33601

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: PHILIP CLARKE

MANAGER

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date