

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000109600

**Entity Name:** J. MICHAEL LOOPER M.D., LLC

**Current Principal Place of Business:**

63 BAY HARBOUR DRIVE  
PONCE INLET, FL 32127

**Current Mailing Address:**

4220 ORIOLE AVENUE  
PORT ORANGE, FL 32127

**FEI Number:** 47-1312894

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LANEY, SONYA L  
5131 S RIDGEWOOD AVENUE  
SUITE F  
PORT ORANGE, FL 32127 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 LOOPER, J M  
Address 4220 ORIOLE AVENUE  
City-State-Zip: PORT ORANGE FL 32127

*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:** J M LOOPER

MGR

04/29/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date