## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000158950

Entity Name: OHRI, LLC

## **Current Principal Place of Business:**

1414 KUHL AVENUE

MP#2

ORLANDO, FL 32806

## **Current Mailing Address:**

1414 KUHL AVENUE MP162

ORLANDO, FL 32806 US

FEI Number: 47-2067699 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EVANS, DAVID L 225 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801 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:

Name

Electronic Signature of Registered Agent

Date

FILED May 26, 2020

**Secretary of State** 

3610101195CC

Authorized Person(s) Detail:

Title PRESIDENT, AUTHORIZED Title AUTHORIZED REPRESENTATIVE

REPRESENTATIVE Name WATERS, JOHN OHE, GREG Address 1414 KUHL AVE

Address 1414 KUHL AVENUE, City-State-Zip: ORLANDO FL 32806

City-State-Zip: ORLANDO FL 32806

Title AUTHORIZED REPRESENTATIVE

Title AUTHORIZED REPRESENTATIVE

Name MOYE MD, BRANNON Address 1414 KUHL AVENUE

Address 1414 KUHL AVE City-State-Zip: ORLANDO FL 32806

City-State-Zip: ORLANDO FL 32806

Title MANAGER

Title AUTHORIZED REPRESENTATIVE Name OH AMBULATORY SERVICES

Name PATANGE MD, VIJAY MANAGEMENT, LLC

Address 1414 KUHL AVE Address 1414 KUHL AVENUE

MP#2

City-State-Zip: ORLANDO FL 32806 City-State-Zip: ORLANDO FL 32806

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.