

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000169659

Entity Name: MICHEL C. SAMSON, M.D.,F.A.C.S., PLLC**Current Principal Place of Business:**3635 SOUTH CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129**Current Mailing Address:**3635 SOUTH CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129 US**FEI Number:** 47-2218936**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, SUSAN M
3635 SOUTH CLYDE MORRIS BLVD., STE 400
PORT ORANGE, FL 32129 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:** SUSAN M MURPHY

01/09/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	PRESIDENT
Name	MURPHY, SUSAN M	Name	SAMSON, MICHEL C DR.
Address	3635 SOUTH CLYDE MORRIS BLVD., STE 400	Address	3635 SOUTH CLYDE MORRIS BLVD., STE 400
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129

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: SUSAN MURPHY

PRACTICE MANAGER

01/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date