

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000021011

**Entity Name:** PREMIER MEN'S MEDICAL CENTER OF ORLANDO, LLC

**Current Principal Place of Business:**

2145 METROCENTER BLVD #120  
SUITE #120  
ORLANDO, FL 32835

**Current Mailing Address:**

2145 METROCENTER BLVD  
SUITE #120  
ORLANDO, FL 32835 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CALAS GROUP  
777 SW 37TH AVENUE  
510  
MIAMI, FL 33135 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:** BRIAN GEORGE

05/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STRATFORD MEDICAL GROUP, LLC  
Address 6261 NW 6TH WAY  
SUITE #206  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** STRATFORD MEDICAL GROUP LLC

MGR

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date