

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000032057

Entity Name: GULF COAST RHEUMATOLOGY PLLC

Current Principal Place of Business:

507 AUSTIN DRIVE
TARPON SPRINGS, FL 34688

Current Mailing Address:

507 AUSTIN DRIVE
TARPON SPRINGS, FL 34688 US

FEI Number: 47-3247211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name GRUNBAUM, ADAM
Address 507 AUSTIN DRIVE
City-State-Zip: TARPON SPRINGS FL 34688

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: ADAM J GRUNBAUM

MGRM

03/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date