

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000087497

Entity Name: ROBERT E. SAFFORD, M.D., LLC

Current Principal Place of Business:

229 ISLE WAY LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

229 ISLE WAY LANE
PONTE VEDRA BEACH, FL 32082

FEI Number: 47-4026039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAFFORD, ROBERT E M.D.
229 ISLE WAY LANE
PONTE VEDRA BEACH, FL 32082 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: ROBERT E SAFFORD M.D.

11/14/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SAFFORD, ROBERT E M.D.
Address 229 ISLE WAY LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: ROBERT E SAFFORD

REGISTERED AGENT

11/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date